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ROYAL COMMISSION OF INQUIRY INTO CERTAIN
DEATHS AT THE HOSPITAL FOR SICK CHILDREN AND
RELATED MATTERS.

Hearing held
8th floor
180 Dundas Street West
Toronto, Ontario

The Honourable Mr. Justice S.G.M. Grange	Commissioner
P.S.A. Lamek, Q.C.	Counsel
E.A. Cronk	Associate Counsel
Thomas Millar	Administrator

Transcript of evidence
for

APRIL 12, 1984

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ROYAL COMMISSION OF INQUIRY INTO CERTAIN
DEATHS AT THE HOSPITAL FOR SICK CHILDREN
AND RELATED MATTERS.

Hearing held on the 8th Floor,
180 Dundas Street West, Toronto,
Ontario, on Thursday, the 12th
day of April, 1984.

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THE HONOURABLE MR. JUSTICE S.G.M. GRANGE - Commissioner
THOMAS MILLER - Administrator
MURRAY R. ELLIOT - Registrar

- - - -

APPEARANCES:

P.S.A. LAMEK, Q.C.)	Commission Counsel
E. CRONK)	
D. HUNT)	Counsel for the Attorney
L. CECCHETTO)	General and Solicitor General
	of Ontario (Crown Attorneys
	and Coroner's Office)
I.G. SCOTT, Q.C.)	Counsel for The Hospital for
I.J. ROLAND)	Sick Children
M. THOMSON)	
R. BATTY)	
B. PERCIVAL, Q.C.)	Counsel for The Metropolitan
D. YOUNG)	Toronto Police
K. CHOWN	Counsel for numerous Doctors
	at The Hospital for Sick
	Children
B. SYMES	Counsel for the Registered
	Nurses' Association of Ontario
	and 35 Registered Nurses at
	The Hospital for Sick Children



APPEARANCES: (Continued)

J. SOPINKA, Q.C.)	Counsel for Susan Nelles -
D. BROWN)	Nurse
C. THOMSON, Q.C.)	Counsel for Phyllis Trayner -
G.R. STRATHY)	Nurse
E. FORSTER)	
M. ROSENBERG	Counsel for Sui Scott -
	Nurse
J.A. OLAH	Counsel for Janet Brownless -
	R.N.A.
B. JACKMAN	Counsel for Mrs. M. Christie -
	R.N.A.
S. LABOW	Counsel for Mr. & Mrs. Gosselin,
	Mr. & Mrs. Gionas, Mr. & Mrs.
	Inwood, Mr. & Mrs. Turner, Mr. &
	Mrs. Lutes, and Mr. & Mrs.
	Murphy (parents of deceased
	children)
F.J. SHANAHAN	Counsel for Mr. & Mrs. Dominic
	Lombardo (parents of deceased
	child Stephanie Lombardo); and
	Heather Dawson (mother of
	deceased child Amber Dawson)
W.W. TOBIAS	Counsel for Mr. & Mrs. Hines
	(parents of deceased child
	Jordan Hines)
J. SHINEHOFT	Counsel for Lorie Pacsai and
	Kevin Garnet (parents of
	deceased child Kevin Pacsai).



I N D E X O F W I T N E S S E S

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---On commencing at 10:00 a.m.

PHYLLIS TRAYNER, (Resumed)

THE COMMISSIONER: Yes, Mr. Lamek.

MR. LAMEK: Thank you, sir.

EXAMINATION BY MR. LAMEK: (Continued)

Q. Mrs. Trayner, before we go on with the deaths and the patients that we were doing yesterday and the progressions through them, can we go back, please, for a couple of things that we dealt with yesterday, just further matters that I would like to follow up from there.

We talked yesterday, you remember, about the evaluation session you had with Mrs. Radojewski in the late fall of 1981.

A. That is right.

Q. And there was a reference there to interpersonal skills and involving peers and team members. Do you remember that? We talked about that yesterday?

A. Right.

Q. You told me as I recall it that you were not aware and you were not made aware of a complaint or criticism by Bertha Bell about your conduct on her ward. That is to say 4B.

A. Right.



1 Q. You and Mrs. Bell became team leaders
2 at the same time, did you not?

3 A. Right.

4 Q. When the move down to 4A/B occurred?

5 A. That is right.

6 Q. And the two of you took the team
7 leader's course together?

8 A. Right.

9 Q. Was it your understanding you
10 got along well with Mrs. Bell?

11 A. Yes.

12 Q. You seemed to co-operate and work
13 well together when you were on duty at the same time?

14 A. Yes.

15 Q. Can you help us, please, do you
16 have any perception of how you did conduct yourself at
17 arrests and resuscitation efforts on Ward 4B in the fall
18 of 1980?

19 A. I would to to the arrest
20 situation as an RN.

21 Q. Yes.

22 A. And offer my help and my assistance.

23 Q. In fact as we went through these deaths
24 yesterday until November and indeed until December there
25 were only two arrests on 4B? That is to say Woodcock
on June 30th and Taylor on July 27th. And you told me
yesterday you had no particular recollection of those
arrests?

A. Right.



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Q. Although I take it you would probably go to them. You were on duty at the time on Ward 4A?

A. Right.

Q. Now of those two the only one for which Mrs. Bell herself had been on duty was that of Woodcock, the very first of the deaths on June 30th. And I guess it would follow, wouldn't it, that if Mrs. Bell was complaining about something that took place in her presence it would have had to relate to Woodcock? That would make sense I guess.

A. The arrest situation?

Q. Yes.

A. I had understood yesterday that the arrest took place in the morning when we weren't there.

Q. No I think the onset of critical symptoms and the problems arose at about 6 o'clock in the morning.

A. That's correct.

Q. But you have no particular recollection of that Woodcock arrest?

A. No.

Q. Or the difficulties or being there or what you were doing or how you were carrying



1

2

yourself?

3

A. No.

4

Q. All right. Can you tell us -

5

let me go back: yesterday you said in becoming a team

6

leader there were a couple of people particularly

7

aspects of whose style and manner you thought to be

8

appropriate and desirable and you were trying to

9

adapt to those styles for your own purposes?

10

A. Right.

11

Q. One of them was Mrs. Radojewski.

12

You liked her managerial take charge manner?

13

A. Right.

14

Q. Do you remember that?

15

A. Yes.

16

Q. Can you tell us if you carried

17

that take charge style into arrest situations either

18

on your own ward or on 4B?

19

A. I think that is what I was

20

trying to do.

21

Q. Yes.

22

A. I don't know if I was ever

23

conscious of making an effort like that at the time

24

of the arrest.

25

Q. Do you remember whether you

were aware of behaving differently in the case of



1
2 arrests on your own ward from the way in which you
3 might behave in arrests on Mrs. Bell's ward?

4 A. I wouldn't have been in charge
5 of the arrest on the 4B side, Bertha Bell's ward. I
6 would be there for assistance if needed.

7 Q. Are you suggesting that in that
8 circumstance where you are on 4B for an arrest and
9 therefore not in charge in any sense, you might
10 conduct yourself differently from the way in which
you conducted yourself on your own ward?

11 A. Right.

12 Q. And you were not conscious
13 I take it of taking charge on 4B in arrest situations?

14 A. No, I was not.

15 Q. All right. Well, let me put
16 to you the complaint of Mrs. Bell as it came to us from
17 Mrs. Costello and see if it helps you to identify
18 either the occasion or whatever it was that may have
caused Mrs. Bell concern.

19 This, Mr. Commissioner, is in Volume
20 96, page 1461. And the question of Mrs. Costello by
21 Mrs. Forster was about an expression of concern to
22 Mrs. Costello by Bertha Bell, a quotation:

23 " ' Bertha expressed concern and stress
24
25



1

2

"re working on team parallel to Phyllis
with Phyllis' behaviour re arrests and
her expectations of everyone at this
time.'

3

4

5

6

First of all, is this something Bertha
expressed to you?"

7

And Mrs. Costello said:

8

"A. Yes, it is.

9

Q. And what was her concern?

10

11

12

13

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18

Are you able to tell me whether that

19

20

is, from your own awareness of how you were behaving,
whether that is an impression that Mrs. Bell might
reasonably have drawn from your conduct on 4B at
arrests?

21

22

23

A. I am sorry that she drew that

24

25



1

2

conclusion.

3

Q. Yes.

4

A. I really don't perceive myself
as behaving --

5

6

Q. I am sorry, I didn't catch
that.

7

8

9

A. I don't perceive myself - I
can't recall ever acting dominant or more dominant
than Bertha Bell would be on her floor.

10

11

Q. Okay. And if she drew that
impression it was certainly not something that you were
aware of?

12

13

A. No.

14

15

Q. And you were not aware of
behaving in a way that would cause her to draw such
an impression?

16

A. Right.

17

18

Q. And you were not made aware of
that complaint you told us?

19

A. Right.

20

21

Q. And I take it from what you
just said you were not aware that your conduct at
arrests on 4B was giving offence to anybody?

22

A. No, I wasn't.

23

Q. And I take it if you were not

24

25



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2

aware of giving offence and if you were not aware of
any complaint having been made, there was no reason
for you to try to change your behaviour, was there?

4

A. Right.

5

6

Q. You didn't know there was any-
thing to change?

7

A. Right.

8

9

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11

12

Q. Now I also asked you yesterday
about your awareness of complaints or criticism from
people outside your own team. Were you aware at any
stage that Joan MacIntosh had voiced some complaint
or concern about working with you?

13

A. No, I wasn't.

14

15

Q. Had you worked with Miss
MacIntosh at all on 4A/B?

16

17

A. Occasionally, I can't recall
any incident, though, no.

18

19

Q. She later in the spring of
1981 became a team leader?

20

A. Yes.

21

22

Q. But during the summer and
fall of 1980 she was a staff nurse, was she not?

23

A. Right.

24

25

Q. And you were not aware of
MacIntosh having told Mrs. Radojewski that she



1
2 perceived a personality difference between herself
3 and you which made it difficult for her to work with
4 you and she preferred not to. You were not made aware
5 of that by Mrs. Radojewski?

6 A. No, I was not.

7 Q. And do you recall anything
8 in your relationship with Miss MacIntosh that caused
9 you to perceive that there might be some difficulty
10 between the two of you?

11 A. No.

12 Q. Now when we talked about Baby
13 McKeil yesterday there was a matter which may or may
14 not be connected with Baby McKeil, but when Miss
15 Brownless gave evidence here she referred to something
16 she thinks may have occurred at or shortly before that
17 child's arrest.

18 Let me come at it this way, Mrs.

19 Trayner: Do you have any recollection either with
20 respect to Baby McKeil or any other child in the
21 period that we are talking about of having prepared
22 arrest drugs, drugs that would be used in a cardiac
23 arrest situation, putting them out in the child's
24 room prior to an arrest actually occurring? Do you
25 have any recollection of doing that either with
McKeil or any other baby?



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A. I know we have done it but I
can't recall when.

4

5

6

Q. Okay. Could you tell me the
circumstances in which you did it or the circumstances
in which you would think of doing that?

7

8

MR. HUNT: I am sorry, I think the
witness said "we have done it". Before my friend
continues this line of questioning --

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MR. LAMEK: Absolutely fair.

MR. HUNT: - could we know who it was.

MR. LAMEK: You are absolutely right.

Q. When you say "we" to whom do
you refer?

A. Liz Radojewski would have
prepared drugs.

Q. Mrs. Radojewski?

A. Yes.

Q. That I take it would have been
during the day time?

A. Yes.

Q. Because as head nurse she is
only on during the day?

A. Right.

Q. You say there are occasions
when Mrs. Radojewski has prepared arrest drugs prior



1

2

to an arrest occurring?

3

A. Yes.

4

Q. Do you remember any particular

5

occasion?

6

A. No.

7

Q. Is it something that you as

8

team leader recall having done either during the day

9

or at night?

10

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A. I can remember doing it but I can't recall when I did it.

Q. All right. Can you tell me in what circumstances would you think of preparing arrest drugs before an arrest occurred?

A. If the baby was clinically ill and there was a concern that the baby could be a potential arrest then we would draw up three medications, being bicarb, calcium, adrenaline, and they would be placed at the baby's bedside or on top of the cardiac monitor. The drugs would be good for 12 hours and if the on-coming nurse felt that there was still a potential or felt that the drugs would be needed at some time during her shift, then the drugs would be discarded and new drugs would be drawn up.

Q. Now, let me try to understand that. Are you suggesting that this is something that might happen at the beginning of a shift?

A. Right.

Q. Even though at that stage the child was not in any critical difficulty?

A. There could be a worry that this child could arrest at any time.

Q. Yes.



B.2

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A. And the drugs would be drawn up at that time.

Q. Who would form that judgment that this child had a sufficient potential to arrest some time during the shift that it was thought appropriate at the beginning of the shift to draw up arrest drugs and put them in the child's room; who would make that judgment?

A. It could either be the suggestion of the resident on the floor at the time.

Q. Yes.

A. And it could also be a nursing observation.

Q. All right. Now, if it is the suggestion of the resident or I take it some other physician on the floor at the time, is that the kind of thing that would appear in the chart?

A. No.

Q. And we have one instance of a doctor thinking that a drug should be kept by a child's bedside, and that's the incident of the Inderal in Baby Cook?

A. Correct.

Q. In that case we know there was an order written that Inderal be kept at the bedside?



B.3

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A. Right.

3

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Q. Are you saying that the kind of situation you are now describing you would not expect to see an order written in the chart?

5

6

A. Right.

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Q. All right. So, a physician, if he perceived that a child's condition was sufficiently precarious that the child could arrest during the shift or the nurses, if they found that judgment, might at the beginning of the shift, or I take it at any point during the shift, take the step of preparing drugs which would be used in an arrest if an arrest occurred?

13

14

A. Right.

15

16

Q. All right. Do you recall that having happened in the case of any of the children with whom we are concerned?

17

18

A. I have no specific recollection of that, no.

19

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Q. Now, in light of the evidence which we have heard from a number of people and the explanation which you yourself accepted that we are dealing here with a lot of very sick, very young babies who could die at any time, and that was the explanation given for many of these deaths, was it not?



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A. They were critically ill children, yes.

Q. Yes, critically ill children so that no one was surprised when they died they were so ill, would those babies not be candidates for the kind of precautionary preparation that you are talking about?

A. Some may have, some may not have been.

Q. Well, do you recall any one of those children for whom such advanced preparation for an arrest was made?

A. No, I don't.

Q. Is that something - it is obviously not something which commonly occurred but was it unusual in your experience to take this precautionary measure, preparing arrest drugs ahead of time?

A. No, it wasn't unusual.

Q. You see, because I think if my memory serves me correctly this is the first time we have heard a suggestion that even as far ahead as the beginning of the shift it might be not unusual to prepare arrest drugs. Would the drugs that you mentioned, I think you said bicarbonate and calcium and ...



B.5

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A. Adrenaline.

3

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Q. ... adrenaline, was not some of those drugs put on the cart in preloaded syringes, did they not come up that way from the pharmacy?

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6

A. Yes, they did at some time on our floor, I can't remember when it was though.

7

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Q. All right. Now, if you were talking about pre-prepared and preloaded syringes from the pharmacy obviously in that case - I say obviously - would there still in that case be perceived a need to prepare additional amounts of those drugs for administration in the event of an arrest?

14

A. Well, we use a lot of them at the time of an arrest, yes.

15

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Q. So, even though you had some preloaded syringes on the cart ready for an emergency, you might even in that case, if you had a child whose condition you considered precarious, prepare additional amounts of those drugs?

20

21

A. Yes.

22

Q. All right. Do you recall any occasion when that happened?

23

24

25

A. No.

Q. All right. And going back if we



B.6

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2 may to the summary that I gave you of the evidence
3 of Miss Brownless which certainly as I understood it
4 did not refer to preparation of drugs at the
5 beginning of the shift but some time shortly before
6 an arrest, do you recall an occasion when you
7 perceived a child who seemed to be deteriorating
8 where you feared that he might deteriorate to the
9 point of an arrest and in anticipation of an arrest
drew up drugs and put them in his room?

10 A. No.

11 Q. You do not, all right. But if
12 in fact that occurred and Miss Brownless did indeed
13 see what she reported to us in her evidence, that I
14 take it would not surprise you in light of the evidence
you have given me today?

15 A. No, it would not.

16 Q. Okay. Now, just one other
17 matter arising out of yesterday. We were talking
18 at one point of the level of concern and distress
19 that existed amongst the nurses on the floor during
20 the summer as a result of the deaths that had been
occurring, remember we were talking about that?

21 A. Yes.

22 Q. In the ward communications book
23 for Ward 4A there is reference to a meeting on the
24
25



B.7

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ward on August 15th, which appears to have been

3

attended by - is that Jane or June?

4

A. Joan.

5

Q. Joan is it, all right, Phyllis,

6

Sue Nelles and Liz, and the note is in Mrs.

7

Radojewski's handwriting I believe:

8

"Held on August 15th."

9

It was my impression from the WIN sheets
that that is not a day you were scheduled to work.

10

Do you recall being at a meeting in the middle of

11

August with Mrs. Radojewski and Sue Nelles and Jane,

12

June or Joan?

13

A. No.

14

Q. The meeting records first there

15

was some discussion about Christmastime and a state-
ment of preferences as to whether you had time off

16

over Christmas or New Year and then there was to be

17

a clinical pharmacist starting on 4A/B, 4C/D and then

18

the note:

19

"Psychiatrist for 4A/B. Dr. Wehrspann

20

will be meeting with him in September

21

to set up some plans for 4A/B staff

22

and patients."

23

Do you recall that discussion in the
middle of August?

24

25



B.8

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A. I can recall having a discussion about a psychiatrist but I don't recall it being in August or the time.

5

6

Q. All right. What was the nature of the discussion that you do recall whenever it occurred?

7

8

9

10

11

A. I can recall that the discussion was brought up to deal with a lot of death and dying, the feelings that the nurses had and also to deal with some of the children that were terminally ill and for the parents as well.

12

13

Q. Okay. Was that in fact done at a later stage?

14

15

A. I can remember that Dr. Wehrspann came up to talk to some patient, I don't recall him talking to the nurses.

16

17

Q. When you say to a patient, I take it therefore an older child?

18

19

A. An older child.

20

Q. Yes. You don't recall his talking to the nurses?

21

22

23

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25

A. No.
Q. Was there some discussion among the nurses either in the summer or fall or the early winter of 1980 that counselling from such a person



B.9

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might be helpful in dealing with the stress and the
strain on the floor?

3

4

A. Yes, there was.

5

Q. Was that something that you
thought would be helpful?

6

7

A. Yes.

8

Q. And did you as the team leader
make representations to anyone that such counselling
should be provided?

9

10

A. I spoke to Liz Radojewski about it.

11

Q. Do you recall when you did that?

12

A. No, I don't.

13

Q. What was her response?

14

A. I think it was that they would
think about it.

15

Q. They would think about it?

16

A. And discuss it.

17

Q. And did it ever happen?

18

A. No.

19

Q. All right. Now, in the 4A ward
meeting book, page 175 of the volume, Mr. Commissioner,
there is reference to a meeting August 5, 1980 and
those present are Phyllis, Sue Nelles and Sui. There
was some discussion of overtime and then, second:

20

21

22

23

"Discussed personal team problems

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B.10

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"re arrests and causes of death."

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Do you recall that as a matter of

4

discussion early in August of 1980?

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A. I can remember that we were concerned that the children had died.

4

Q. Yes.

5

A. And I can recall that we were asking, myself, Susan and the team, why the children died. I can't remember when we did that, though.

6

7

Q. Does that suggest to you that, although your recollection may now be that these deaths were being dealt with and looked at singly, at the time, and as early as August 5 there was discussion among the members of your team about what is described as personal team problems re arrests, causes of death and that there was some view of the totality of what was happening?

10

11

12

13

14

A. Yes.

15

Q. Yes, it does. The next entry in the book is October 23, 1980, and that is some way past summer, of course, but we have reached the point in the chronology of the deaths. At the bottom of the column on the left-hand side the note reads -- I'm sorry, you are identified as being at the meeting, do you see that?

16

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A. Yes.

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Q. "The need was identified for more open communication system between

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Trayner
ex. (Lamek)

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nursing staff and medical staff.

Nursing staff expressed feelings of frustration concerning communication blocks with doctors, and the feeling that the medical staff did not trust nursing judgment as they should. Feelings and frustration with regard to arrests were verbalized and discussed. The need for more open communication performance among nursing staff has also been identified and feedback."

Do you recall a discussion in the fall of the year about frustration, about communication with the medical staff and the feelings and frustrations of the nurses with regard to arrests? Do you recall that discussion?

A. I can recall having a discussion.

Q. Is it fair to say, Mrs. Trayner, that although there were only a couple of deaths in September, I don't have the precise numbers, and perhaps one or two in October, and in November the rate of deaths, the rate of frequency of deaths had dropped, nevertheless it appears that there was a continuing



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concern and feeling of pressure among the nurses on the floor?

A. Yes.

Q. Is that your present recollection or is that something that comes to mind when you look back at the events of the time? Do you now today recall that there was such a feeling among the nurses?

A. I can recall that we were upset with the babies dying and that we were frustrated and concerned.

Q. Do you recall what, if anything, was done during the fall of the year, and I am thinking about October/November, to bring this concern to the attention of either senior nursing administrative staff or physicians in the Hospital and seeking some reassurance or assistance in understanding what was going on?

A. I know that the mortality conferences had started.

Q. They had also finished, had they not? There were two in September and there wasn't another one.

A. Okay.

Q. Yes.



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A. No. Then I don't know that we went to the administrators or anything.

Q. Was it your expectation that there were going to be further mortality conferences after September?

A. I can't recall.

Q. Do you recall raising any question with the physicians as to whether there would be more mortality conferences?

A. No.

Q. I take it that the nurses on the floor had found those conferences useful and comforting?

A. Yes.

Q. And if the concerns were continuing in October, as apparently they were from the note of the meeting, do you remember whether any question was raised among the members of your team about, when are we going to have another conference?

A. I can't recall ever hearing that, no.

Q. Now, when we got to the end of the day yesterday we were talking about Antonio Adamo. You had told us of the arrest occurring when you put a nasogastric tube into that child.



C5

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A. Yes.

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Q. Forgive me if I asked you this yesterday and it may be a small area of overlap while we catch the flow of the thing. Did you, after Antonio Adamo had died, have a discussion with any physician as to the possible connection between your having inserted the nasogastric tube and the child's arrest?

9

A. Yes, I did.

10

11

Q. When did that occur and with whom?

12

A. I spoke to Dr. Freedom.

13

Q. Yes. How long was that after the death?

14

15

16

A. To the best of my knowledge, it was two days after the arrest, it would be on a Wednesday morning.

17

18

19

Q. Did you ask him whether there could be a connection between your having put down a nasogastric tube and the child's having an arrest?

20

A. I asked him why the child had arrested at the time.

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Q. And what did he say?

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A. And it was his impression that inserting the nasogastric tube had contributed to the



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child's arrest.

Q. Did he say that in a way that made you feel in any way guilty or responsible for the arrest?

A. No. I took it that he was giving me an explanation as to why that child arrested at that time.

Q. Have you given me your best recollection of the conversation with Dr. Freedom?

A. Have I given you mine?

Q. Yes.

A. Yes.

Q. Can you remember what exactly he said to you on that occasion?

A. Just that the insertion of the NG tube may have contributed to this baby's arrest. That at Johns Hopkins Medical Centre in the States they don't put down nasogastric tubes unless there is atropine by the bedside or a physician nearby.

Q. Do you recall Dr. Freedom saying to you, "Look, it was not your fault; there was nothing wrong or missing in what you did; you have no reason to think that would cause any problem"? Do you remember him saying something like that to you?

A. I can remember him saying



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Trayner
ex. (Lamek)

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that it was just the tube that contributed to it,
that nothing else had contributed to his death; the
the care that the child had received was excellent
up to that point.

Q. Did you feel that in any way
Dr. Freedom was being critical of you or not support-
ing you in that situation?

A. No, I didn't.

Q. Now, Antonio Adamo died, as
we know, in the early morning of -- I'm sorry, in
the afternoon of October 19th. Miss Costello
apparently overheard the conversation between yourself
and Dr. Freedom and gave her evidence here about it.

That, Mr. Commissioner, is found in
Volume 94, at page 1116.

She said this, and it is by no means
at variance with what you said, Mrs. Trayner, but I
wonder if it might help you to recall something. She
said:

"I had overheard Phyllis Trayner in
the morning of October 22nd, as I can
recall it now, expressing her great
concern about Baby Adamo's death..."

And I take it you were concerned about that death?

A. Yes, I was.



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and so on.

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Q. "...and had the team done everything they should; had they observed as well as they should; had they treated it as well as they should; had they got the doctor there in time..."

"I recall not directly being involved but overhearing because I was in the environment, Phyllis asking for this reassurance from Dr. Freedom. I recall him replying it was not the nurses' fault; it is not your fault, there is nothing missing in what you did."

Is that the impression that you had from Dr. Freedom, that he was saying, look, don't blame yourselves for that?

A. Hm-mm.

Q. I take it you have put nasogastric tubes down children scores of times before?

A. Yes.

Q. Maybe hundreds of times?

A. Yes.

Q. And never had there been any mishap?



C9

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A. Right.

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Q. Is that fair?

4

A. Right.

5

Q. Is that essentially what

6

Dr. Freedom was saying to you; look, don't blame
yourself?

7

A. Hm-mm...

8

Q. Did you convey to anyone else

9

on the floor what Dr. Freedom had said?

10

A. Yes, I did.

11

Q. To whom?

12

A. It would be the girls on

13

morning coffee break on the 4B side, I can't remember
who they were.

14

Q. And did you intend to convey

15

to them that Dr. Freedom had been supportive and

16

certainly not critical of anything that had been done

17

about Baby Adamo?

18

A. Right.

19

Q. Do you recall having said

20

anything from which they could have drawn the

21

contrary conclusion, that you regarded Dr. Freedom

22

as being unsupportive of you and the nurses in that
situation?

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A. I told them that Dr. Freedom felt that the insertion of the NG tube had contributed to this child's arrest.

Q. Yes.

A. At Johns Hopkins they don't do it. I can remember saying I would be a little scared now to go and put down another tube on a baby, but no, I didn't - I don't think I left the impression that Dr. Freedom was critical of our care that was given to the baby.

Q. Do you recall speaking to Karen Power about the matter?

A. No.

Q. Do you recall saying to anyone that Freedom had blamed you for the death of Adamo?

A. No.

Q. I am referring, Mr. Commissioner, to Exhibit 301, in particular - there is a copy for you, Mrs. Trayner --

A. Thank you.

Q. Particularly on page 7. Now it appears on October 22nd, 1980 there was a meeting on 4B at which you were not present which was apparently attended by Karen Power, Mary Costello, Meredith Frise and Shirley Anne Parcels. And at



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D2 : that meeting, and I tell you Mrs. Costello gave evidence about this too, but at that meeting apparently there was talk of an arrest on Sunday, October 19th, at 1600. I think we can agree, can we not, that was the Antonio Adamo arrest?

6

A. Right.

7

8

Q. That the team leader on 4A was not being supported by doctors and two nurses on 4A feeling that the arrest was their fault.

9

10

Now I don't ask you to tell me what was going on in the minds of people at a meeting at which you were not present. That would be unfair, but I do ask you do you recall having said anything at all about physicians, information from physicians, or anything of that sort which might have led to that impression that I have just read out being created?

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A. No.

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Q. Is this the first time you have seen this entry in the 4B ward meeting book?

20

21

A. Does it come as a considerable surprise to you that that impression could have been gained?

22

23

A. Yes.

24

Q. I take it you cannot give us

25



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any kind of an explanation of anything that you may
have said or done which would lead to the giving of
that impression?

5

A. No, I can't.

6

Q. Now the Adamo matter,

7

Mrs. Trayner, was one in which understandably you
were concerned that you may unwittingly and perfectly
innocently have triggered an arrest by undertaking
a perfectly routine nursing operation, inserting
a nasogastric tube.

10

11

I say to you I find it perfectly
understandable in that circumstance you would speak
to Dr. Freedom or somebody like that saying, you
know, really did I have anything to do with that?
You would need some reassurance about that I would
think.

12

13

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16

A. Yes.

17

Q. And that I take it was your

18

reason for speaking to Dr. Freedom?

19

A. Yes.

20

Q. As we go through these deaths

21

and these arrests, Mrs. Trayner, was that an exercise,
an activity that you regularly undertook, asking
questions to satisfy yourself that nothing that you
or the members of your team had done had in any way

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contributed to or caused these deaths?

A. I can remember talking to people after, after a child had died, recalling the incidents.

Q. Yes.

A. I can recall talking to doctors that were in charge of the baby, yes.

Q. And is that something that you did in the hours and two or three days following a particular death?

A. If I was not on for the next two days following that arrest and the cardiologist wasn't on the floor or I hadn't had a chance to talk to the doctor, then, yes, I may have brought it up the next time I saw that doctor.

Q. Which might, fairly, be several days later, of course?

A. Yes.

Q. Was it something that you were conscious of doing on a regular basis? When a child died would you seek reassurance that in no way had your nursing team fallen down on the job?

A. There was a concern, yes. There was a concern for the team, my team members in particular.



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Q. Yes.

3

A. After all I was a team leader.

4

I had a team that were very quiet. They would come to me before they would go to Liz Radojewski, before they would go to a doctor. I would never see Sui Scott going and speaking to a doctor.

5

6

7

Q. How about Susan Nelles?

8

A. Well, Susan Nelles I could

9

see, yes. But Sui Scott, Janet - not Janet Christie, Janet Brownless, Mrs. Christie.

10

11

Q. Yes.

12

A. They would not go to Liz or

13

they wouldn't speak to a doctor, and they were coming to me with their concerns saying what's going on?

14

What happened? What did we do? Did we do everything?

15

So I ended up being a spokeswoman for my team, and it would be fair to say that I would be more verbal, or more vocal than the other team members then. But I had to seek some reassurance for myself and for them so that I could give it back to them.

16

17

18

19

20

Q. Of whom did you seek that

21

reassurance for yourself and members of your team?

22

A. I tried to get the answers

23

to their questions from the medical people that were involved in the babies' care. Speaking to the head

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nurse. Maybe Carol Browne as now she is called.

Q. Yes. What about night supervisors?

A. Maybe the night supervisors. They would be the first people there in the middle of the night that we know that we could sit down and discuss it with.

Q. Mrs. Bell?

A. I don't know if I would go for answers to Mrs. Bell. I may have gone for support from her.

Q. When you say for support from her do you mean for yourself in that case?

A. For myself, yes, as a team leader from another team leader.

Q. All right. How did you respond to these arrests? Did they upset you as they occurred?

A. I think it is upsetting when any child dies.

Q. Yes.

A. And we were having a lot of deaths on the floor. There is a lot of feelings. there is a lot of emotions. There is a lot that goes on, and I was trying to deal with everything at that time.



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Q. Sure. And as you have said

3

and as we have heard from a number of people obviously

4

two people express their emotional upset in different

5

ways.

6

A. Right.

7

Q. How did you express yours?

8

A. I would talk about it. I would

9

try to get it out, voice my concerns, satisfy the

10

answer or try and have some satisfaction out of

11

the answers.

12

Q. In the immediate post arrest

13

period after the letdown of a child's having been

14

pronounced dead, did you often weep?

15

A. Yes.

16

Q. Was that one of your ways of

17

expressing upset and so on?

18

A. Yes.

19

Q. Let's move on to Matthew Lutes -

20

I'm sorry, is there anything else you can tell us

21

about Adamo and the events of that child's death?

22

A. No, I can't.

23

Q. Let's move to Matthew Lutes.

24

Is there anything you can tell us about Matthew Lutes

25

who died at 1:34 in the morning on November 17th,

26

again in Room 418?

27

28



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A. No, I can't.

3

Q. You were team leader.

4

Miss Nelles' patient that night, and you have no
recollection of the child, the shift, the arrest
or anything of that sort?

6

A. No, I'm sorry.

7

8

Q. I take it that in preparing
yourself to come here and give evidence,
Mrs. Trayner, you read through the charts of these
children?

10

11

A. Yes, I have.

12

13

Q. And reading through them has
not prompted any recollection in many of the cases?

14

A. Right.

15

Q. There is no point in our
reading the charts together; we can do that ourselves.

16

Let's move on then to John Onofre.

17

He is a child who died in 4B, 4:10 in the morning,
December 9, 1980.

18

19

You were on duty. Indeed your regular
team was on duty. Miss Nelles, Mrs. Scott and
Mrs. Christie.

20

21

Do you have any recollection of Baby
Onofre and the events of that night?

22

23

A. No, I don't.

24

25



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Q. Do you recall having seen him
at all during that shift?

4

A. No.

5

6

Q. Do you recall having been on
Ward 4B on that shift?

7

A. No.

8

9

Q. Again with respect to that
death there is nothing you can tell us that is of
any assistance to us?

10

A. Correct.

11

12

13

Q. All right. D'Arcy MacDonald
died at 4:30 in the morning, December 13, 1980 in
Room 418 on your ward.

14

15

16

17

Again you were on duty. Miss Nelles
was not. Mrs. Scott was. Perhaps again we should
establish the nursing assignments for the night.
For the long night beginning Friday, December 12, you
were in charge with no patient assignments.

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Miss Cooney was relieving on the floor with you and
she had five patients in Room 421 and two in Room 426.
Mrs. Scott had four patients I believe in 418, plus
another one after 11:00 p.m., after 2300 hours. You
had two other relief people, one until 11 o'clock,
Mrs. Watt who had patients in three rooms, including
one in 418, and after 11 o'clock those patients were



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taken over by Mrs. Marshall.

Do you have any recollection of this child and the night that he died?

A. No, I don't.

MR. LAMEK: Could we have the chart, please, Mr. Registrar, MacDonald?

THE COMMISSIONER: Mr. Lamek, what is the tab for this period in 4A?

MR. LAMEK: I'm sorry?

THE COMMISSIONER: What is the tab, preliminary inquiry tab number? The assignment book.

MR. LAMEK: Oh, the assignment book is 87, sir, and in particular we are looking at page 159.

Q. Do you recall who was in charge of this child; who was nursing him?

A. No, I don't.

THE COMMISSIONER: It has to be Mrs. Scott, doesn't it?

It could be --



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MR. LAMEK: Mr. Commissioner, I
confess it is not clear to me whether it was
Mrs. Scott or one of the relief people.

THE COMMISSIONER: You are quite
right, but one of the relief, Mrs. Watt has the
child Roulette and it is only Mrs. Marshall who
could have ...

MR. LAMEK: Yes, if Roulette
was Mrs. Watt's child and that child was taken over
by Mrs. Marshall at 11:00 p.m., I agree it is
likely then that Mrs. Scott had MacDonald as one
of her children in 418.

A. On page 72 of the flow sheet?

Q. Yes.

A. Mrs. Marshall has made a bit
of a final note.

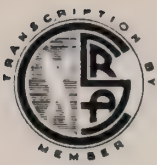
Q. That's right. It is puzzling
because there doesn't appear to be a final nursing
note in the chart other than the comment on page 72
of the flow sheet.

A. Right.

Q. And those notes are made by
Watt first, and then by Marshall?

A. Correct.

Q. And interestingly on page 68,



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1
2 the medication record, although Mrs. Watt or Miss
3 Watt gave out aldactone, lasix and digoxin at
4 9:00 p.m. it was apparently you who signed for the
5 ampicillin at midnight.

6 A. Correct.

7 Q. It is not your recollection
8 that you took charge of the child that night?

9 A. Who, me?

10 Q. Yes.

11 A. No, I don't have the
12 recollection of that.

13 Q. All right.

14 A. I may have given the
15 medication for the relief nurse.

16 Q. Well, the assignment book
17 identifies both Mrs. Watt and Mrs. Marshall as RN?

18 A. Yes.

19 Q. So, whether it was Marshall
20 or Scott at midnight, either of them was qualified
21 to give ampicillin IV, was she not?

22 A. Some of the relief staff
23 that we had didn't want to give medications so
24 the team leader would be responsible for medications
25 for the relief.

Q. Well, it is a bit of a



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mystery because I don't know whether you recall being interviewed as I told you by the police in February of 1982, but at that time it appears when you were asked to recall which room baby MacDonald was in, 418, who was assigned, your answer was Sui Scott and I just wonder about the bases upon which you gave that information at that time, do you recall?

A. No.

Q. A bit of a mystery.

THE COMMISSIONER: I must say if I were just looking at the assignment book I would have reached the same conclusion as Mrs. Trayner did.

MR. LAMEK: Yes.

THE COMMISSIONER: But perhaps if you look further, it does become a problem.

MR. LAMEK: Do you recall whether that answer was based upon purely the assignment book or did you have a recollection at that time?

A. No. I think the police had asked who had been assigned and with the assignment I would have assumed Sui Scott would have been.

Q. So, you are telling me that answer was based upon your interpretation of what



4
1
2 was in the assignment book sheet.

3 A. Yes.

4 Q. Okay. And today you can be
5 of no further help to us, it may have been Mrs.
6 Scott, it may have been Mrs. Marshall.

7 A. Right.

8 MR. THOMSON: Mr. Lamek, perhaps
9 it is clear from the statement that Mrs. Trayner
10 gave, that it is from the book which you are looking
11 at, at the second question on page 6:

12 "Do you recall that you were in
13 charge during the evening of
14 the December 12th working long
15 nights.

16 A. From the book, yes."

17 MR. LAMEK: Yes, certainly for
18 that question and it may be that the answers are
19 based throughout on that, as Mrs. Trayner has
20 said.

21 MR. THOMSON: Right.

22 MR. LAMEK: Okay.

23 Q. Perhaps we can just ask this.
24 Had Mrs. Scott been in charge of the patient, can
25 you think of any reason why you would have administered
ampicillin at midnight?



1

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A. No.

3

4

Q. All her patients were in
that room that night, it's not as though she had
to be in some other room?

5

6

A. Right.

7

Q. And that rather suggests it
was not Mrs. Scott, does it not?

8

9

A. That she wasn't in charge
of the baby?

10

11

Q. She wasn't in charge of that
patient, D'Arcy MacDonald.

12

A. That's the suggestion, yes.

13

14

15

Q. Well, we may or may not have
arrived at the answer of who was assigned to the
child's care. Do you recall having administered
ampicillin at midnight?

16

A. No, I do not.

17

18

Q. Do you have any recollection
at all of the events of the night?

19

A. No.

20

Q. Any recollections of the
baby?

21

A. No.

22

23

Q. Now, we passed over Francis
Volk who died on October 23rd; he is not in the

24

25



1
2 Category A and B list. You were on duty for that
3 child's death? Do you remember Francis Volk?

4 A. No.

5 Q. Okay, no particular recollect-
6 ion, you can't help us with him?

7 A. No.

8 Q. All right. After MacDonald
9 we come to Real Gosselin who died five days later,
10 3:16 in the morning, December 18th, in room 418
again. Do you have a recollection of Real Gosselin?

11 A. No, I don't.

12 Q. Would it be of any assistance
13 to you to recall the events if we set the nursing
14 assignments, who was on and so on?

15 A. I don't think so.

16 Q. Do you think that might jog
17 your memory?

18 A. No.

19 Q. Well, let's try. Long night
20 beginning Wednesday, December 17, you were on duty and
21 in charge of the ward with a patient in room 423,
and that's a single bed room, is it not?

22 A. Right.

23 Q. You had a patient in 423,
24 Miss Lau was on with patients in 425 and looking after
25



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A. No.

11

Q. And you can be of no help

12

to us with respect to this baby either?

13

A. No.

14

Q. No recollection of having

seen him or formed any impression of his condition?

15

A. No.

16

Q. We move next to baby Lombardo.

17

Stephanie Lombardo died, as we know, at 4:20 in the
morning on December 23rd in room 418. Now, as I

18

19

understand it, Mrs. Trayner,

20

normally over the Christmas period, the wards are
combined, 4A and 4B are combined?

21

A. Right.

22

Q. That had not officially

23

occurred as at December 23rd had it?

24

25



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A. I can't recall that.

3

Q. I think the evidence is that

4

that occurred the following day on the 24th?

5

A. Okay.

6

Q. But nevertheless is it fair

7

that as of the 23rd the ward population was down?

8

A. That's fair.

9

Q. And staff was reduced?

10

A. Right.

11

Q. People were now getting away

12

for the Christmas period?

13

A. Right.

14

Q. Now on the long night which

15

began December 22nd, Monday, the 22nd of December,
you were on duty, had a patient in room 423 and
one in 426.

16

THE COMMISSIONER: I'm sorry?

17

MR. LAMEK: Monday, December 22nd.

18

It is the last sheet under tab 87, sir.

19

Q. No other regular member of

20

your team was working that night, you will remember.

21

You had Miss Ganassin and Miss Cooney working with
you on 4A?

22

A. Yes.

23

Q. So there were three of you

24

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on 4A, on 4B you had Meredith Frise and Karen Power and, is it George Rudanycz?

A. Yes.

Q. Also on 4B. Although Mary Cooney was working on 4A, she was also relieving on 4B. As we said, it was rather a reduced staff on the ward that night?

A. Yes.

Q. Indeed there were eight patients on the ward that night as I read it.

A. Yes.

Q. A small ward population?

A. Right.

Q. You had two of them, Miss Ganassin had the rest of them and from the assignment book Miss Cooney spent the whole night on 4B relieving over there?

A. Yes.

Q. So, between you and Miss Ganassin, you covered the whole ward?

A. Yes.

Q. She with six patients, you with two. One of Miss Ganassin's patients was Stephanie Lombardo in room 418. Do you have any recollection of Stephanie Lombardo?



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A. No, I don't.

3

Q. Do you have any recollection

4

of the night she died?

5

A. No, I don't.

6

Q. We are in this quandary,

7

Mrs. Trayner, that we haven't yet heard from anybody
who has any recollection of the events of Stephanie
Lombardo's last hours.

9

As I say, Mr. Commissioner, it

10

is probably going to be necessary to call Miss

11

Ganassin to give evidence about that.

12

Do you recall, Mrs. Trayner,

13

whether you were with the child Lombardo at the time
she got into trouble leading to the arrest?

14

A. I can't recall that.

15

Q. You told us yesterday that --

16

THE COMMISSIONER: Before we go

17

any further I would be quite happy to have her

18

here but not if she is going to say "I don't

19

remember", you are not going to force me into that
position.

20

MR. LAMEK: I don't think I will

21

do that.

22

Q. You told us yesterday, Mrs.

23

Trayner, that your normal practice was to do hourly

24

25



1

2

rounds on the wards when you were team leader?

3

A. Right.

4

Q. Would that practice have
been the same on the night of December 22/23?

5

6

A. I don't see any reason why
it wouldn't be.

7

8

9

10

11

Q. And even though there were
relatively few patients on the floor that night and
you have seen Stephanie Lombardo presumably hourly
from the beginning of your shift, you have no
recollection of her whatsoever?

12

A. No, I don't.

13

14

Q. Although presumably you
would have seen her several times?

15

A. Presumably.

16

17

Q. No recollection of the arrest
of the child at all or any resuscitation effort or
anything of that kind?

18

A. No, sorry.

19

20

Q. Well then, let's move to the
next child.

21

22

23

24

25

Jesse Belanger, the last child to
die in 1980 on the floor, December 28th, 1980, at
approximately 8:00 o'clock in the evening. Now,
at that stage the wards were combined were they not?



12

1

2

A. Yes, they were.

3

4

Q. And again there would be, I
won't call it a skeleton staff, but a reduced number
of staff on the floor?

5

6

A. Correct.

7

Q. And there was a reduced
ward population of babies?

8

A. Right.

9

10

Q. Do you have any recollection
of Jesse Belanger?

11

A. I have some, yes.

12

Q. Good. Would it be of
assistance to you to have the chart?

13

A. Yes.

14

15

Q. Mr. Registrar, could we have
the Belanger chart please for Mrs. Trayner.

16

17

18

19

20

Just before we get into that, Mrs.
Trayner, once again let's set the assignments. Mr.
Commissioner, we are now under tab 13 in 32A, page
12 and 13. It is recorded that you, Mrs. Trayner,
were in charge of 4A/B, we now have the merged
ward over the Christmas holiday have we not?

21

A. Correct.

22

23

Q. Looking at the day shift for
that day, in the afternoon you had Miss McCort

24

25



1
2 working with you, Mrs. Scott, Miss Valant and Miss
3 Reaper. Mrs. Bell was on duty that day but she was
4 in the ICU relieving there, do you recall that?

5 A. Right.

6 Q. Okay. So you are in charge
7 of the whole floor, the only regular member of your
8 team who is working with you is Mrs. Scott?

9 A. Correct.

10 Q. Now, can you tell us please
11 what you recall of Jesse Belanger?

12 A. I can recall that this
13 baby was a transfer down from 7G, which is the
14 neonatal intensive care unit.

15 Q. Yes.

16 A. I can recall he came around
17 after the lunch time, I can recall the doctors
18 admitting him, examining him, I can recall that there
19 was a little bit of difficulty around 6:00 o'clock
20 with the feeding, he was being tube fed and we had
21 Dr. Malecki on the floor at the time, we had him
22 just look at the baby. I can recall giving report
23 to the girls on the night shift and I can recall the
24 emergency buzzer going.

25 MR. THOMSON: Excuse me, I wonder
Mrs. Trayner if you would mind speaking more into



14

1

2

the microphone. We are having a bit of a problem.

3

THE COMMISSIONER: Bring in the .

4

microphone to you, I don't know.

5

THE WITNESS: It attacked me

6

yesterday.

7

THE COMMISSIONER: I'm sorry.

8

THE WITNESS: It attacked me

9

yesterday.

10

THE COMMISSIONER: Did it. Well,

11

I think it will bend a little to come towards you,
I don't know.

12

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DM.jc
F

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Q. I am sorry, have you now told us what you recall of the baby?

A. Yes, I have.

Q. Do you recall any of the particular events leading to this arrest?

A. Just that we had Dr. Malecki examine him or have a look at the baby around 6 o'clock.

Q. Yes.

A. And the emergency buzzer going around seven-thirty or twenty to eight.

Q. You were making rounds that day as was your normal practice when you were team leader?

A. Yes.

Q. And you had seen the child from the time when he came down from the neonatal ICU to the floor?

A. Yes.

Q. What was your impression of his condition?

A. My impression was that he was a clinically ill baby, he was more than a cardiac baby.

Q. I am sorry, you are going to have to explain to us, you are drawing a distinction.



F.2

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2

"He was more than a cardiacally ill baby, he was a clinically ill baby", can you tell me what that means?

4

A. He was clinically ill. He wasn't taking the fluids by nipple he was on nasogastric tube.

6

Q. Yes.

7

8

A. He was on a cardiac monitor for some reason. There was, I don't know if there was dysmorphic features, but there was something different about the baby, I know he had a cleft lip and a cleft palate.

11

12

Q. Yes.

13

A. He had a cardiac problem that was serious.

14

15

Q. I am sorry, when you say he was clinically ill, he wasn't just a cardiac patient, do you mean he had ailments in addition to any cardiac problem that he had?

16

17

18

A. Right.

19

20

Q. Was it your impression of him that he was in a precarious condition in the sense that he was at imminent risk of dying?

21

22

A. I was under the impression that there wasn't much in the way of surgery that they could perform for this baby at the time.

23

24

25



F.3

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Q. But he had come down from the
neonatal intensive care unit that day?

4

A. Right.

5

Q. Was it your impression that he
should have stayed where he was?

6

7

A. I don't know. I can't recall
feeling that he needed the intensive treatment in the
intensive care.

8

9

10

11

12

Q. Does that suggest that you did
not consider his position was so absolutely precarious
that he needed the kind of observation and monitoring
that he would get in an intensive care situation?

13

A. That's right.

14

Q. Were you at all surprised when
he died?

15

16

A. I was surprised, yes. I don't
know if I was totally surprised.

17

Q. I am sorry?

18

19

A. I don't know if I was totally
surprised. I had a feeling that this child was - that
there wasn't anything they could do for surgery.

20

21

Q. Yes.

22

23

A. And there wasn't much they could
do medically at this point. I knew he was more than
a cardiac baby, and I knew, I wasn't sure how serious

24

25



F.4

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the other ailments were. I knew the doctors were concerned.

3

4

5

Q. Could we look at page 64 of the chart please, Mrs. Trayner. Nurse Reaper's note at the top of the page records:

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11

"That from 1 o'clock stable during the afternoon. Apex 134 to 170 and regular. Was fed by tube at 2 o'clock and he retained the feed. Suctioned for moderate amount of white mucus and colour remains pink."

12

13

Now does that summarize the impression that you had of the child during the afternoon?

14

15

16

A. Yes.

17

18

19

20

21

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24

25

Q. He was not demonstrating any sort of up and down instability or anything of that sort?

A. No.

Q. Is that why when at 6 o'clock, 6:30 he got into trouble and subsequently arrested and died, was it that that caused you a measure of surprise?

A. Yes.

Q. That he had seemed to be relatively stable in the afternoon, he wasn't



F.5

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2

exhibiting any indications of instability?

3

A. That's right.

4

Q. And then he suddenly got into
trouble and died?

5

A. Right.

6

7

Q. And I take it there was nothing
from the impression that you had of him during the
afternoon that made you think that the child might
not make it through until the end of the shift?

8

9

10

A. That's right.

11

Q. In that sense his death to you
was unexpected when it occurred?

12

13

A. Right.

14

Q. Did you wonder why it had occurred?
Did you ask any questions; what made Baby Belanger
turn sour like that so suddenly?

15

16

A. I can't recall, no.

17

18

Q. Was it your impression, Mrs.
Trayner, that many of these children that that kind
of observation was not uncommon, that is to say you
would have a child which was not exhibiting signs of
great instability throughout an extended number of
hours, and then would suddenly deteriorate and arrest
and die. Did you observe that that happened quite
often with these children?

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F.6

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A. There were some that appeared to be relatively stable and no imminent danger and then got into severe difficulties, yes.

Q. All right, go ahead.

A. There were others that were sick and we knew that the potential was there at all times.

Q. I recognize the fact that a child may have stable vital signs over a number of hours and so on, and look quite pink and reasonably comfortable and it doesn't necessarily mean there are not all sorts of terrible things going on inside, I understand that.

A. Right.

Q. Do I understand that in those situations when they occur, where a child went from relative and apparent stability into a sudden decline and arrest and death, that you regarded those deaths as a little bit surprising, you had had no forewarning that the child was going to deteriorate. Did you ever form that impression of them?

A. No. I took that as that when the babies got ill they got ill fast, very fast.

Q. I am sorry, go ahead.

A. No, that is all. They may look



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stable but they can deteriorate within minutes,
15 minutes, half an hour to an hour, and I took that
is how our babies went.

Q. In fact you had seen two
rather polar extremes of the way in which those
babies died had you not? You told us yesterday that
very sad story of Alan Perreault dying in your arms.

A. Right.

Q. And him just drifting away,
and that was totally different from the kind of thing
we have just been talking about.

A. Yes.

Q. Where a child suddenly seems
to fall off the edge of the world. Did it occur to
you to wonder whether each of those was a pattern of
dying to be expected, because there are very different
ways of dying, are there not?

A. Yes.

Q. Did you talk to anybody about
that, did you ask anybody, how is it that some of
these babies just seem to fade away, the Alan
Perreaults of the world and others, the Jesse
Belangers seem to go like that, did you ever talk
to anyone about that?

A. No.



1

2

Q. Did it bother you?

3

A. Not until today, no. I

4

never regarded it in the terms that you are putting
it out.

5

6

Q. You came to accept then that

7

many of these children, although it was a measure of
surprise when they suddenly declined, surprise was
not to be wondered at?

8

9

A. Yes.

10

MR. LAMEK: Would this be the

11

appropriate time?

12

THE COMMISSIONER: Yes. We will

13

recess for 20 minutes.

14

---Short recess.

15

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17

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12apr84 2
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EMTrc 3

--- on resuming.

MR. LAMEK: Q. Mrs. Trayner, we just dealt with the Belanger case, and Belanger, of course, was the last child who died in 1980, and that is a useful place I guess to stop for the moment on the path and see where we have come and what was in your mind at that stage.

As at the end of the year, end of December, and there had been a number of deaths in December, had there not? Do you recall the number of deaths in December?

A. No, I don't recall.

Q. Well, we have just been through a bunch of them.

A. I don't know the numbers.

Q. Well, the numbers will speak for themselves I guess, but as at the end of the year had you by that stage made any observation as to the coincidence, and I use that in a literal sense, between the presence of your team on the floor and deaths that had occurred?

A. No, I hadn't.

Q. It still had not struck you that virtually all of these deaths occurred while your team was on duty?



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G2

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A. No.

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Q. The converse of that, I take it, is that you were not aware that other deaths -- was it your understanding that other deaths were occurring while your team was not on duty? Did you have any basis for thinking that?

A. No.

Q. It was just an observation that you hadn't made at that time?

A. Right.

Q. Had you made any observation about the number of children who had died between the hours of one o'clock and five o'clock in the morning?

A. No, I hadn't.

Q. That still had not struck you as at the end of the year?

A. No.

Q. In fact, there had been five deaths during the month of December, had there not, four of them on your ward and one on 4B? We had Onofre on 4B and then on your ward, MacDonald, Gosselin, Lombardo and Belanger. Did it not register upon you at the time --

THE COMMISSIONER: You have got Belanger on 4B on your --



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MR. LAMEK: But there was a combined ward, sir, at that stage.

3

4

THE COMMISSIONER: Oh, I beg your pardon, yes.

5

6

MR. LAMEK: The children were all over on one side to save running around as we have decided but essentially it was one ward.

7

8

9

10

11

Q. Did it not occur to you when you drew to the end of December that you were back to the sort of frequency of death rate comparable to the one you had seen in the summer?

12

A. No, it hadn't.

13

14

Q. Do you recall having any reaction to the number of deaths that occurred in December?

15

A. In the summer or in the --

16

17

Q. In December I said. I'm sorry.

18

A. No.

19

20

21

22

23

24

25

Q. You see I can understand that perhaps the stress level on the team at large was not comparable in December to that which had prevailed in the summer because with the Christmas period and all some of your team members were absent for indeed the majority of the deaths. Miss Nelles



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was not there for MacDonald, Lombardo, Belanger.

Mrs. Scott was not there for Gosselin and Lombardo.

Mrs. Christie was there for only one death in

December on the floor, on your ward.

You were the person there, though, who was present for all of the deaths on your ward, but they made no impression in terms of "we are back into a period of a large number of deaths"?

A. No, it didn't.

Q. Okay. We move into the new year then and we come to Janice Estrella.

Could we have the chart, please, Mr. Registrar?

Now, Janice Estrella died, as we know, on the long night shift January 10 to 11, and again let's set the patient assignments.

You were in charge that night and you had no patient assignments. Mrs. Scott was assigned to provide constant nursing care to Janice Estrella in Room 423, and as we have said that was a single room, wasn't it?

A. That is correct.

Q. Estrella was the only child in that room and Mrs. Scott was assigned to provide constant care for her. Mrs. Christie had patients in



1
2 Rooms 421, 425 and 426, and Miss Brownless had four
3 patients in Room 418.

4 Do you remember Janice Estrella?

5 A. Yes, I do.

6 Q. Can we perhaps start with
7 Janice Estrella, not on the night that she died but
8 a few days earlier, because you will remember I think
9 that Janice Estrella had some difficulties a few
10 days before she died, did she not?

11 A. Right.

12 Q. If we look at the chart,
13 in particular at the progress notes at page 117, we
14 find the nursing note for January 6, first the long
15 day and then the long night beginning January 6 at
16 7:30.

17 On Tuesday, January 6, Miss Nelles
18 had worked the long day shift, and we are looking now
19 at what we call the WIN sheets. I think notwithstand-
20 ing the difference in some respects between the
21 two versions of the WIN sheets, this information is
22 common to them.

23 Miss Nelles worked the long day shift
24 on Tuesday, January 6, while you, Mrs. Scott and
25 Mrs. Christie worked the long night shift.

During that long night shift Mrs.



G6

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Scott's note on page 117 indicates, does it not,
that Janice Estrella became rather severely ill?

A. Yes, she is.

Q. And at 6:50 in the morning
her heart rate dropped to 50, respirations down to
45 and becoming, what is that, noisy?

THE COMMISSIONER: Drowsy.

MR. LAMEK: Drowsy perhaps, yes.

Q. At 6:55 a 23 was called for
Dr. Runge, and at 7 o'clock it says the team arrived.

Do you understand that to mean that
a Code 25 was called?

A. Right.

Q. Is it your recollection that
a Code 25 was called?

A. I can't recall.

Q. All right. And there was a
resuscitation effort that went on with that child;
lasix was given, sodium bicarb., dopamine, the whole
thing is set out there, and on one of the very few
occasions, if not the only occasion that we have had
to look at in this period, the effort of the team
appears to have been successful.

A. Yes.

Q. And we also know that on



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G7

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January 7th, the next day, Janice Estrella had a very high digoxin level. Do you recall that?

3

4

A. I didn't find out the digoxin level until the Friday when I returned.

5

6

EMT/cr

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Q. You didn't work on Wednesday or Thursday; you came on duty for the long night on Friday.

8

9

10

11

12

13

When you came on duty for the long night on Friday did you learn then - you might turn to page 159 of the chart - that on January 7th in a blood sample drawn at 8:20 in the morning there had been recorded a digoxin level shown as greater than 5 nanograms per millilitre.

14

Did you know how much higher than 5 nanograms that level was?

15

16

A. No.

17

18

Q. And when you learned that were you puzzled? Did you wonder how that level could have come about?

19

20

A. I had thought that it was just Janice's illness, that she was in failure, cardiac failure.

21

22

Q. Yes.

23

A. And the dig. may not have been excreting, or the kidneys or --

24

25



1

2

Q. There may have been some

3

renal problem?

4

A. Yes.

5

Q. Did you make any enquiry about

6

it?

7

A. I don't believe so, no.

8

Q. Now the child had been on

9

digoxin, of course, and the digoxin was held and
indeed was not resumed by order during the balance

10

of the child's life? Do you remember that?

11

A. I can't recall that, but if

12

it is in the note.

13

Q. All right. I am looking for the

14

med sheet in the chart. Can you help me, Mrs. ,

15

Trayner? It is something that I don't have flagged
in this one. Here we are.

16

A. Page 52?

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EMT
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H/BM/ak

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Q. Page 52. You are not shown on the medication sheet for the 6th of January as having administered any medications to the child, is that so?

A. That's correct.

Q. Do you have any recollection of having administered any medication to the child on the long night shift of January 6th to 7th?

A. No, I don't.

Q. And you attributed, as you have told me the high digoxin level on January 7th to perhaps renal failure.

A. Right.

Q. Because you knew of course that renal failure may quote a high serum digoxin level?

A. Right.

Q. Do you recall any discussion involving any physician to which you were a party or which was reported to you suggesting that that may indeed have been the cause of the high digoxin on January 7th?

A. I can't remember what doctor it was, it was the doctor that told me that it was greater than 5.



1

2

Q. All right.

3

A. At the nursing desk on the

4

Friday evening.

5

Q. All right. Did he also

6

suggest that the cause was some renal problem in
the child?

7

A. Yes.

8

Q. All right. So, that wasn't

9

something that you arrived at by yourself, it was

10

suggested to you by a physician whose name you

11

cannot now recall?

12

A. Right.

13

Q. All right. Let's move then to

14

the night of January 10th. Can you tell us first

15

what you remember about the child that night?

16

A. I can recall asking Sui for

17

a break that night.

18

Q. Well, can we start at the

19

beginning of the shift if possible? Can you take

20

us through your observations of the child at all

21

during the night? When did you first see the baby
that night?

22

A. I can't recall; I would have

23

done rounds.

24

Q. Yes.

25



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3

A. I would have seen the baby
then.

4

5

6

Q. Well, here was a child who was
on constant care and I take it you would be
interested to see how she was particularly?

7

A. Yes.

8

9

Q. When did you normally make
your first visit to the patients after coming on
duty for the long night shift?

10

11

A. It would be shortly after
report about 8 o'clock.

12

13

14

Q. Do you have any recollection
as to seeing the baby at about that time on the
night of January 10th?

15

A. No.

16

17

Q. Now, once again, Mrs. Trayner,
you recall being interviewed by the police with
respect to this case?

18

A. Yes.

19

20

Q. And I cannot tell you the date,
unhappily there is not a date on it.

21

MR. PERCIVAL: May 4th, 1981,
Mr. Lamek.

22

23

MR. LAMEK: Is it May 4th?

24

MR. PERCIVAL: Yes.

25



1

2

MR. LAMEK: I accept your word

3

for that, thank you.

4

Q. All I can tell you is that it

5

was 3:25 in the afternoon.

6

A. Yes.

7

Q. Do you recall early in May

8

being interviewed by the police about the death of
Janice Estrella?

9

A. Yes.

10

Q. And do you recall telling the

11

police at that time that the first time you went

12

into Room 423 on the night of her death to see her

13

was around 8:00 p.m.?

14

A. Yes.

15

Q. Now, that I take it would be

16

consistent with your usual practice anyway of

17

making rounds at an early stage in the shift and

18

if that was your recollection back in May of 1981

19

I take it you have no reason to argue with it now?

20

A. Right.

21

Q. How was the baby when you first
saw her?

22

A. I can't recall seeing the baby,

23

so, I can't give you a description of how the baby
was.

24

25



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Q. Okay. Once again, let me remind you what you told the police in May:

4

"I saw the baby, everything appeared to be normal and I left the room shortly after this."

5

6

7

A. Yes.

8

Q. That appears to have been your recollection at the time?

9

10

A. Yes. The only thing, I can explain this, that when I gave the statement to the police I thought it was the Friday night that Janice Estrella had died.

11

12

13

Q. Right.

14

15

A. And I can remember the Friday night and I know I saw Janice at 8 o'clock that night and I had spoken to her father that night.

16

17

Q. All right.

18

A. But I'm not very clear on the Saturday.

19

20

Q. Do you still have a recollection that when you saw her on Friday night for the first time it was 8 o'clock and everything seemed normal?

21

22

A. Right.

23

Q. All right. But you do not now have a recollection of what you did on the

24

25



1

2

Saturday night, the night that she died any more
than...

4

A. I had at that time.

5

6

7

8

Q. Well, I don't know whether
you had a recollection at that time but you weren't
giving your recollection of Saturday night at that
time you were giving your recollection of Friday
night?

9

A. Right.

10

11

12

Q. All right. So, what you said
then is of no assistance to us now as to the
Saturday night?

13

A. Correct.

14

15

16

Q. Okay. And therefore we have
to rely on your present recollection, and that's
going to be a pretty slender reed to rely on at
least for the early part of the shift, isn't it?

17

A. Right.

18

19

Q. Because you don't have much
present recollection?

20

A. Right.

21

22

23

24

25

Q. All right. Does a review of
the chart help you at all, does it jog your memory
as to what your observations may have been at the
time that you saw the child or in the early part of



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the shift? Looking now at page 128, Nurse Scott's note for January 10, 1981, 7:30 to 03:30. Mrs. Scott records apex 142 to 114 regular throughout and strong, respirations continued to be tachypneic ranging 69 to 90 down to the 70's, temperature up 38 at 2100 hours, sponged the baby and the temperature came down to 37.4, other vital signs remained stable, colour remains pale in 56 per cent oxygen via hood.

Nutrition: she was being fed by an NG tube every three hours and she is tolerating the formula, a void of 40 cc's, Behaviour: slept for long periods, quiet when awake, slightly diaphoretic and irritable during nursing procedures. Parents and grandmother visited baby.

Does that assist you at all in recalling your observations of the child?

A. Not really, no.

Q. Okay. What is your first recollection of the child if indeed you have any recollection of the child on the shift that she died?

A. First thing I can remember is being called by Sui Scott to come into the room.

Q. And that's about the time the child got into trouble?

A. Right.



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H8 Q. And that I take it is about
3:30 in the morning.

A. 2:30.

Q. 2:40 in the morning, I'm
sorry, that's right. You have no recollection prior
to that?

A. No.

Q. All right. Now, let's look
at this from another angle then. We know that the
baby was on constant care in a room by herself. Do
you have any recollection of Mrs. Scott taking breaks
that night?

A. I can recall that she didn't.

Q. She didn't take any breaks?

A. No.

Q. Well, I have to ask you, are
you telling me that you remember that she did not
take breaks or that you don't remember that she did
take breaks? Do you understand the distinction I
am suggesting? You have no memory at all of whether
she took breaks or not or do you have an affirmative
memory, an actual memory that she did not take breaks?

A. No, but I can't recall her
taking a break.

Q. Okay. Now, if she did take a



1

2

break she had to be relieved of course.

3

A. Right.

4

Q. And it is our understanding

5

that normally during the night shift a nurse will

6

have what is sometimes referred to as coffee break

7

in the first half of the shift.

7

A. Right.

8

Q. And that's, what, 20, 30

9

minutes, something of that sort?

10

A. Right.

11

Q. And then a longer meal break

12

a little later on, perhaps 45 minutes.

13

A. Right.

14

Q. Sometimes at about 1 to 2 o'clock

15

in the morning, that sort of time?

15

A. Right.

16

Q. And there may be another break

17

in the balance of the shift. Frankly, we have

18

never reached the full length of the night shift

19

the nights that we have looked because it becomes

20

a matter of academic interest normally at about

21

4 o'clock in the morning. Are you suggesting that

22

Mrs. Scott coming on duty at 7:30 until 2:40 in the

23

morning didn't take a break?

24

A. I can recall asking Sui Scott

25



Trayner, ex.
(Lamek)

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if she wanted a break several times during that evening, that is clear to me. It is also clear that Mrs. Scott said that she was comfortable in the room, that she was reading a book; I can recall that somebody brought her a cup of tea to the room.



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2

I
DM/cr

Q. Yes.

3

A. That part of the night is

4

very clear.

5

Q. But you are unclear as to

6

whether she took breaks?

7

A. Right.

8

Q. Well I am sure, as you know,

9

Mrs. Trayner, that Mrs. Scott has given evidence here
and it was very clear that she did take breaks.

10

You understand that she said that she took a coffee

11

break and subsequently a lunch break?

12

A. I understand that's what she

13

said, yes.

14

Q. And if that is her clear

15

recollection, do you have any reason to disagree
with it?

16

A. No, I don't.

17

Q. When you gave evidence at the

18

preliminary hearing, were you also confusing the

19

Friday and the Saturday nights?

20

A. Yes. I can recall mentioning

21

in the preliminary just as I mentioned to you now that

22

at 10 o'clock on the Friday night I had relieved Sue

23

for a coffee break as well.

24

Q. Yes.

25



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A. Now I don't know if I relieved her at 10 o'clock Saturday as well, at that time, or not. Friday night I remember, Saturday I can't. When I gave the evidence to the police at the time they were at my house I really thought it was the Friday night that I was dealing with.

Q. Bear with me for a moment if you would, Mrs. Trayner. I think we need to track this down if we can, and I recognize, as I know you do, that you are not the only person who has on occasion confused the events of Friday night January 9 with those of Saturday night January 10th. Mrs. Scott herself did that at one stage and she realized that Dallas appeared on Friday and not on Saturday. All right?

A. Right.

Q. In Volume 5 of the transcript of the preliminary hearing at page 1126; let's start at page 1125, Mrs. Trayner, and I realize you don't have it before you and that is not entirely satisfactory so let us look at it together.

I think on page 1125 fairly, you were trying to clear up the confusion between Friday night and Saturday night, and having confused the two when you talked to the police, is that fair?



1

2

A. Right.

3

Q. All right. Now at 1126,

4

the bottom of 1125, lines 25 and 26:

5

"Okay, who did relieve her. Is there
any indication in the record there?

6

A. There isn't any indication in the
record unless I did some signs.

7

8

Q. Just take a look and see whether -
I just want to get the record straight
because it is important to know who
nursed this baby in the last evening and
early morning before it died.

12

A. You are talking about January 10?

13

Q. January 10 in the evening and
early morning shift.

14

15

A. No, there is no record."

16

At least now we are focussing on the

17

right night are we not in the preliminary?

18

A. Yes.

19

Q. "Q. Who was on duty?

20

A. I would have gone in that night
as I was the only RN.

21

Q. That was my point and that is
fair enough. You were the team leader
that night and the only registered

22

23

24

25



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2

"nurse on duty other than Sui Scott?

3

A. That's correct.

4

Q. So that you now agree that you would have relieved Sui Scott for the constant care of (you said Trayner, and you meant Estrella) when he broke around 10 o'clock?

8

A. Yes.

9

10

Q. You would have been the person who relieved Sui Scott in looking after that child at 10 o'clock on January the 10th?

12

A. That's correct.

13

Q. In the evening, is that correct?

14

A. Yes.

15

16

Q. That would be for a period of half to three-quarters of an hour and that was in Room 423, is that right?

17

18

A. That's correct."

19

Now does it appear from that, Mrs.

20

Trayner, that although there had originally been some confusion in your mind at the time you talked to the police, and indeed at the time you began to give

21

22

evidence on this topic in the preliminary hearing,

23

that eventually the confusion was recognized and sorted

24

25



1

2

out?

3

A. Yes.

4

Q. Does it appear that at least at

5

around 10 o'clock in the evening of the 10th of

6

January you did relieve Mrs. Scott, or that at least

7

appears to be what you said at the time of the

8

preliminary?

A. Right.

9

Q. Does that assist your

10

recollection now. Do you have a present recollection

11

of having relieved Mrs. Scott not just on the Friday

12

night but also on the Saturday night?

13

A. No, I don't.

14

Q. I take it you would not have

15

agreed with Mr. Cooper had you not been persuaded

at that time that is in fact what occurred?

16

A. I would have to say my memory

17

would be better at the preliminary than it is now.

18

Q. If your evidence at that time,

19

and if I am understanding it correctly, was, that yes

20

on the Saturday night at around 10 o'clock you did

21

relieve Mrs. Scott for a coffee break, I take it you

22

have no basis now upon which to say that was wrong,

you don't now remember whether you did?

23

A. No, I can't deny nor confirm

24

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that.

Q. So to that extent with the coffee break, your evidence at the preliminary hearing appears to be consistent with Mrs. Scott's evidence here.

MR. THOMSON: Perhaps you could refer the witness then to - I will show this to Mr. Lamek because I am really not trying to interfere.

Q. Okay. Mr. Thomson very properly has directed me to page 887 in the same volume.

MR. THOMSON: This is the examination in chief, Mr. Commissioner.

THE COMMISSIONER: Page 887?

MR. LAMEK: It is the examination in chief and I was reading from the cross-examination.

MR. THOMSON: It is in Volume 4.

THE COMMISSIONER: That is one I don't seem to have.

MR. LAMEK: Volume 4 is entirely right.

THE COMMISSIONER: What does it say?

Q. Well it starts on 886, Mr. Commissioner, and I will once again let Mrs. Trayner read it with me. It is a question beginning at line 14 of page 886. This is Mr. McGee in chief:



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"Q. Was the same procedure followed with respect to Baby Estrella as it had been with respect to Baby Cook. That is when Sui Scott wanted a break someone else would come in?

A. That's correct.

Q. Did you assist on any of those periods when she left?

A. Yes I would have.

Q. When was that?

A. I can't remember the times going in on the Saturday night to see her. I do remember going in for a few minutes while she went out for a cup of coffee."

A. Yes.

Q. It is a good thing I brought it here, isn't it?

"Q. Do you remember when that would have been?

A. It was probably about 10 o'clock.

Q. 10 o'clock on the Saturday evening?

A. That's correct.

Q. What period of time were you



1

2

"in the room with Janice Estrella?

3

A. Probably for a few minutes
while Sui went to get a coffee, 20
minutes to half an hour.

5

6

Q. All right. What did you do
while you were there?

7

8

A. I just sat with Janice Estrella,
she was fine, there was nothing to do
for her.

9

10

Q. Was she asleep or awake at the
time?

11

12

A. She was asleep, Sui had settled
her and there wasn't anything that we
could do.

13

14

Q. All right. Were you the only
nurse there at that time?

15

16

A. Yes, I was. I am not, I am
really not very clear on when I did go
in on the Saturday night. I know when
I gave my statement for this baby I
thought it was Friday night.

17

18

19

20

Q. Yes.

21

22

A. I remember being in Friday night
at 10 o'clock.

23

24

Q. Yes.

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"A. But I cannot remember the time that I went in for Sui. I was the only RN on the floor I know I had to have gone in to relieve her."

I think that was the passage that Mr. Thomson wanted me to read to you. That was followed by the cross-examination passage that I read to you when Mr. Cooper asked questions.

I suggest to you again, Mrs. Trayner, that it appears, does it not, that although you were reasonably sure at the time you went in on the Friday night, you were a bit less sure about when you went in on the Saturday night?

A. Right.

Q. But there seems to have been the area of uncertainty in your mind when Mr. McGee asked you questions, you just couldn't say just when you went in?

A. Right.

Q. You didn't suggest then that you didn't go in at all. You said "Yes you relieved her for 20 to 30 minutes, not sure just when", isn't that what we just read?

A. Right.

Q. And then when Mr. Cooper



1
2 cross-examined you again there was a bit of confusion
3 about Friday and Saturday night but again you seemed
4 to conclude at the end of it all that, yes, you did
5 relieve Mrs. Scott for coffee on the Saturday night?

A. Right.

10
6
7 Q. And you have no present
8 recollection to tell you that that evidence was wrong?

A. Right.

9
10 Q. All right. For that matter,
11 you don't remember any more?

A. Right.

12
13 Q. And again since you have no
14 present recollection of relieving Mrs. Scott even
15 for coffee that night, I take it you have no present
16 recollection of the condition of the child while you
17 were in there?

A. No, I don't.

18
19 Q. But again I take it your
20 recollection as you have said being fresher at the
21 time of the preliminary hearing than what it now is,
22 that the observation that you made then that the child
23 seemed to be perfectly all right and she was sleeping
24 was probably accurate?

A. Right.

25
Q. And you say that you recall



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asking Mrs. Scott on a number of occasions on the Saturday night whether she wanted to take a break, and she was reading a book and she said, no, she was fine.

A. Right.

Q. I may tell you, Mrs. Trayner, that Mrs. Scott has said the same thing, that you asked her a number of times whether she wanted to go out and stretch her legs and so on, she said no, she was happy where she was. But her evidence also was that she was relieved for a lunch break about 1:30, and you have no recollection of that?

A. No, I don't.

Q. Are you able to say that you have a recollection that that was not so? Can you tell us at all whether you relieved, or did not relieve Mrs. Scott for a lunch break at about 1:30 on the morning of January 11th?

A. No, I can't.

Q. I take it, however, that whether you can recall relieving Mrs. Scott for a lunch break or not, that you would during the course of the shift continue to make your regular rounds?

A. That's right.

Q. Presumably you would go into Room 423 and take a look at Janice Estrella?



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A. Yes.

3

4

Q. Because she is not a patient
you would miss on those rounds, she was on constant
care?

5

6

A. Right.

7

8

Q. Do you have any recollection of
the impression that you had of her during the course
of that shift, from the rounds that you were making?

9

A. No, I don't.

10

11

12

Q. Do you have any recollection on
the night of January the 10th-11th of being
at the nursing station on 4A/B at the same time that
Mrs. Scott was there?

13

14

A. No, I don't.

15

16

17

18

19

20

Q. Again is that, when you say
you have no recollection, does that mean that it is
totally blank, that you have no recollection at all
of the events of the night; or is it you remember not
seeing Mrs. Scott there. Understand I am not being
difficult, but I don't remember, it can be one of two
things, do you understand what I am saying. Are you
saying I don't remember whether I was or not?

21

22

A. I don't recall being at the desk
when Sui Scott was there.

23

24

25

Q. As I am sure you know, Mrs.



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A. No.

9

Q. And similarly Mrs. Christie who

10

11

12

13

14

15

A. No, it doesn't.

16

Q. If Mrs. Scott was on constant

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21

Mrs. Scott herself?

22

23

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J/EMT/LN2
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A. The only explanation I have would be that Sui Scott came out to get medication at that time for Janice and for the few minutes there people would have seen the two of us together if that had happened.

Q. All right. Of course, that is not Sui Scott's evidence as to why she was out there. Her evidence is that she was on her lunch break being relieved by you, and Mrs. Christie's evidence was not of a momentary sight of the two of you at the same time, but a rather more extended one.

Had you, as the team leader, if you had seen Mrs. Scott out at the nursing station for more than the briefest amount of time while she was supposed to be giving constant care to Janice Estrella, would you as team leader have said what are you doing out here? You are supposed to be in room 423.

A. I would have asked her that, yes.

Q. Because of course she is not supposed to leave that child unattended, is she?

A. No, she is not.

Q. But you have no recollection of anything of that sort happening that night?



1
2 No recollection of having to say to Mrs. Scott,
3 "What are you doing out here? If you want a break
4 let me know", something of that sort?

5 A. No.

6 Q. No. Is there any basis or
7 ground for your being able to tell me that Mrs.
8 Scott's evidence as to the events of that night,
9 and particularly the events of the break and your
10 coming out to the nursing station must be wrong or
11 must be mistaken? Must be confused? Do you have
12 any recollection at all that will assist you or
13 assist me to understand what explanation there
14 could be for that evidence?

15 A. Only that I would never have
16 left the child on constant care with a monitor on.
17 I had never done that before, and I can't see any
18 possible reason that I would have done it then.

19 Q. I agree. That sounds like
20 a very unusual thing to do. Let me understand
21 something about constant care nursing, Mrs. Trayner.

22 I take it that the basic rule, if
23 you will, the general rule is that a child on
24 constant care nursing should not be left alone?

25 A. Yes.

Q. They are supposed to be under



1
2 constant supervision, are they not?

3 A. Right.

4 Q. Yes. Now we all recognize
5 that from time to time a nurse who is on constant
6 care nursing, particularly if she is in a room like
7 423 where there are no other patients, no other nurses,
8 may have to dash out of the room? She may have to
9 go to the bathroom; she may have to go to get
10 something from the linen room or something of that
11 sort?

12 A. Right.

13 Q. I don't suggest there is
14 anything horrendously wrong if in that circumstance
15 where she is going to be 10, 15 seconds she dashes
16 out and dashes back in, and there is nobody with the
17 child.

18 I take it that can happen, can it?

19 A. Yes, it can.

20 Q. And similarly if she has to
21 be out of the room for two or three minutes to go
22 down to the bathroom, to go to get some medication
23 or something, she might grab the first person who
24 was walking past in the corridor, RN or RNA and
25 say; "Here, sit with my patients. I will be back
in two minutes, I am going for some medication."



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2

That happens too I take it?

3

A. Yes.

4

Q. But in the absence of some kind of situation requiring the nurse to leave the room, I take it she should not leave the room and leave the patient unattended?

7

A. Right.

8

9

10

11

Q. Have you ever been aware of nurses on your team leaving untended patients to whom they were giving constant nursing care? Are you ever aware of that happening?

12

A. No.

13

Q. Is it something you have ever done?

14

A. No, I haven't.

15

16

Q. In the days when you were being assigned to constant nursing care?

17

A. No.

18

19

Q. Have you ever heard of patients being monitored from the nursing station by the intercom?

20

A. Yes.

21

22

23

Q. Has that sometimes happened with patients who were on shared or constant nursing care?

24

25



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2

A. No, not that I am aware of.

3

Q. All right.

4

A. Not on my team.

5

Q. But if a child is not on

6

constant or shared care, that is one way of listening
to what is happening in a room from a distance I
take it?

8

A. Well, one reason I know of

9

that we did it was that the child was in isolation
and when a child was in isolation the door is

10

11

closed and you may not hear the monitor in the hall-

12

ways or you may not hear it at the desk. It wouldn't

13

be as loud. The child is not under shared care or

14

constant care, but just so that we would hear the

15

alarm in the event that it went off during the night

16

we may leave the alarm on so we could hear it at

the desk. Now that has happened.

17

Q. Yes.

18

A. But there was nothing wrong

19

with that.

20

Q. Okay. Now Janice Estrella

21

we know was in isolation.

22

A. Yes.

23

Q. She was in room 423, and I

24

suppose if she were left alone it would at least be

25



1
2 prudent to put the monitor on so that if she cried
3 or if the alarm went off or anything happening
4 in that room you could at least hear from a distance
5 what was happening?

6 A. Hm-mm.

7 Q. You are saying to me insofar
8 as you are aware that was not done on the night of
9 January 10 to 11 with Janice Estrella? Is that
10 what you are telling me?

11 A. Yes.

12 Q. And certainly you did not
13 do it is your evidence?

14 A. Right.

15 Q. All right. If Mrs. Scott's
16 evidence is to the contrary then there must be
17 some explanation for that?

18 A. Right.

19 Q. Let's go on and tell me what
20 you do recall of the night. Do you recall having
21 been back in the room between that first coffee break
22 and the time that the baby got into trouble?

23 A. Do I recall being in Janice
24 Estrella's room?

25 Q. Yes.

A. No, I don't.



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2

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Q. At all, for any reason, for
any length of time?

4

A. No.

5

6

Q. And you have no recollection
therefore, of even visiting the room while making
rounds?

7

A. No.

8

9

Q. When the child got into
trouble what happened to the best of your recollection?

10

A. I was at the nursing station.

11

Q. Yes.

12

13

14

A. And I heard Sui call out, and
I went down to the room, Bertha Bell followed me,
and I think an arrest code went out at that time or
shortly after that.

15

16

Q. I'm sorry, can you speak up
just a little, Mrs. Trayner?

17

18

A. I remember Sui Scott calling
me. I was at the nursing desk.

19

Q. Yes.

20

21

A. I remember going into the
room, Bertha Bell following me and shortly after
in the room a code 25 was called.

22

23

Q. And you stayed throughout
the resuscitation effort I take it?

24

25



1

2

A. Yes.

3

Q. And participated and assisted

4

and did all the things that you usually did?

5

A. I can't recall that, but, yes

6

I would have done that.

7

Q. You have no particular

8

recollection of the events of the resuscitation
effort?

9

A. No.

10

Q. Do you have any recollection

11

Mrs. Trayner, as to whether during the course of

12

that night shift you administered medication of

13

any kind to Janice Estrella?

14

A. I don't have any recollection

15

of that, no.

16

Q. I don't know of any record of

17

your having done so. Mrs. Scott seems to have signed
for the medications that night. Page 53 of the chart.

18

Do you have any knowledge or any

19

information about anyone other than Mrs. Scott up

20

until the time of the arrest administering any

21

medication of any kind to Janice Estrella on the

22

night of January 10 to 11?

23

A. No, I don't.

24

Q. In particular do you have any

25



1
2 knowledge of any administration of digoxin to that
3 child by yourself or by anyone else that night?

4 A. No, I don't.

5 Q. One thing that you may have
6 some information on, Mrs. Trayner, although I
7 confess we have tried over and over again to get it.

8 Do you have any recollection or
9 information as to the death of Janice Estrella as
10 having been reported to the coroner?

11 A. No, I don't.

12 Q. Okay. It is suggested in one
13 place that it may have been but no one seems to have
14 any recollection of it either.

15 A. No.

16 MR. LAMEK: I need a bit of help
17 around here, Mr. Commissioner. I am always losing
18 things.

19 Q. The next child to die I
20 believe was Frank Fazio, and if I could ever find
21 my chart I could find out exactly when that
22 happened.

23 MR. COMMISSIONER: I can help you
24 on that. February 4th.

25 MR. LAMEK: Thank you, yes.

Q. Frank Fazio died 4:45 in the



1
2 morning, February 4th, again in room 418. You were
3 on duty, Miss Nelles, patients for the night -
4 Mrs. Scott and Mrs. Christie were there and you had
5 a nurse Olimpo helping you on 4A that night, do you
6 recall?

7 A. Hm-mm.

8 Q. Again let's place the players.
9 Long night beginning Tuesday,
10 February 3, you were in charge with no patient
11 assignments. Miss Nelles had two patients in 418,
12 one of whom was Fazio. Mrs. Scott had four patients
13 in room 418. Mrs. Christie had four I believe in
14 425, one in 423 and two in 426, and nurse Olimpo
15 had five in 421. A busy ward that night.

16 Do you have any recollection of
17 Frank Fazio?

18 A. Yes, I do.

19 Q. Would it be a help to have
20 the chart then, please?

21 Now you were going to tell us,
22 Mrs. Trayner, what you recall of Frank Fazio.

23 A. I remember that the child
24 was fairly ill when we came on the floor that
25 evening.

Q. Yes.



1

2

A. They were querying sepsis.

3

They did a lumbar puncture on the baby. They did

4

some blood cultures. They started him on an

5

intravenous I think and started antibiotic therapy

6

on him.

7

Q. Do you have any particular

8

recollection of the events of the shift?

9

A. Pardon me?

10

Q. Do you have any particular

11

recollection of his course during the shift on

12

which he died and the events leading up to his

13

death?

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A. I remember him being sick at the beginning.

Q. Yes.

A. And I remember the arrest.

Q. You do remember the arrest in this case?

A. I just remember Sue calling.

Q. Do you recall being present at the resuscitation?

A. No, that's not clearly a memory.

Q. All right. Now, if you look at page 72 of that chart, Mrs. Trayner. We've got Nurse Nelles' nursing note for the night of February 3, 1981.

A. I'm sorry, what page was that?

Q. Page 72. Do you have it?

A. Yes.

Q. And she reports first on the period until the child got into difficulties, that's from 1900 hours to 0330. She records the vital signs: apex range from 133 to 156 and regular, respirations 36 to 44 and easy with no indrawing noted, temperature stabilized at 37 with an Isolette of - is it 32 or 33? Fluids: he was on total



1

2

parenteral nutrition, was he not?

3

A. Right.

4

Q. Is that an indication of any-

5

thing? Under that circumstances is a child put on

6

total parenteral nutrition? That means he is

7

getting all his nutrients via IV, doesn't it?

8

A. Well, he would probably need

9

extra nutrients. They wanted probably to put more
weight on him.

10

Q. Okay, but that was infusing

11

well, he remains NPO. Skin, eurea cream applied,

12

is that it?

13

A. Maybe it's Nivea.

14

Q. I tried that one on Miss Nelles

15

and she rejected it.

16

A. Eurea or Nivea.

17

Q. His left ear was getting

18

into a problem because he had been lying on that
side continuously. Father phoned at about 2330

19

and was told the baby was sleeping and was stable.

20

Do you have any recollection of seeing the child
during the course of the shift?

21

A. Just from the beginning when

22

I first came on.

23

Q. Okay. And you say he was sick

24

25



1

2

at that stage?

3

A. They were working on the baby,
they were doing some lumbar punctures and blood
work.

4

5

6

Q. All right. But the picture
that Miss Nelles draws of the child in the first
part of the shift doesn't suggest any great
instability, evident instability at that stage,
does it?

7

8

9

10

A. No, it doesn't.

11

Q. All right. And then at 0330

12

to 0335, the second half of the note, the child

13

became upset and crying, apex up to 106 at about

14

3:30, seemed to settle down a bit and then at 0345

15

monitor goes off. She listens, she finds an apex

16

of about 50 and irregular, calls for Dr. Tucker.

17

The baby is breathing on his own, 100 per cent oxygen

18

is attached, the baby is bagged, apex continues

19

bradycardic and irregular for 10 minutes; about

20

4:15 periods of ventricular fibrillation. Were you

21

there throughout this period when these events were
being recorded?

22

A. I can't recall.

23

Q. Okay. At what stage do you

24

recall going to the room?

25



1

2

A. When Sue called me.

3

Q. Okay. Do you remember when

4

you got there whether the child was in a bradycardic

5

and irregular phase or had he gone into ventricular

6

fibrillation, how was he when you arrived?

7

A. I can't remember.

8

Q. All right. Was he clearly in

9

trouble?

10

A. Yes.

11

Q. Is it fair, Mrs. Trayner, to

12

characterize the child, at least from outward

13

appearances, and recognize the underlying condition

14

of these children, but at least from outward

15

appearances, is it fair to characterize this child

16

as another of those that we talked about earlier

17

where, from apparent manifestations of stability,

18

the child suddenly goes into a steep decline? Does

19

this look like another of those?

20

A. Yes.

21

Q. Were you surprised when Frank

22

Fazio got into trouble and died on the morning of

23

February 4th?

24

A. I don't know if I was surprised

25

at the death. I knew they were querying something

wrong with him that evening and he had been on the



1

2

floor for awhile and there were some problems with him before that. So, I don't know now if I was really surprised or clearly surprised.

5

Q. All right. Do you have any recollection of having administered any medication of any kind to the child on the night that he died?

8

A. No, I don't.

9

Q. If you look at page 158 of the chart you will find that the medications for the night were not signed off. Miss Nelles told us that was an oversight on her part. As I recall her evidence she was sure that she had administered the medications. Do you have any recollection or information or any reason at all to doubt that the medications were in fact given as ordered?

15

A. No, I don't.

16

Q. Anything else about Frank Fazio? Were the nurses on the floor upset about the death of this child?

18

19

A. I remember being upset for the parents.

20

21

Q. For the parents?

22

A. Yes.

23

Q. Why particularly for the parents of Frank Fazio?

24

25

K5



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A. Because the parents were first cousins and they had been concerned since Frank was in the hospital that the problems that the child had was because they were first cousins and when Frank died that night, I can't remember if it was the father or the brother that came up to me and had asked was it because they were first cousins and I told him that I thought genetic counselling would be beneficial. They just seemed to be so lost and not knowing where to go and what to do that it was sad to watch them walk away.

MR. LAMEK: Mr. Commissioner, I am just about to move to another child, is this a convenient time?

THE COMMISSIONER: Yes. Until 2:15 then.

MR. LAMEK: Thank you, sir.

--- Luncheon recess.



AA
BB.cr

1 ---On resuming at 2:15 p.m.

2 THE COMMISSIONER: The suggestion has
3 been made at the meeting this afternoon at the close
4 of business to discuss additional witnesses should be
5 in-camera. The idea appeals to me, does it dis appeal
6 to anyone strongly enough to state an objection?
7 The reason of course being that it will make counsel
8 freer to discuss their intents. Well then, I don't
9 imagine you will mind too much if we disappear then up to
10 the 21st floor and by that time we will know where
11 at 4:30 and we will have the discussion there in-
12 camera meaning, as I said before, without the camera.

12 All right, okay, Mr. Lamek.

13 MR. LAMEK: Q. Mrs. Trayner, just one
14 thing before we leave Fazio. In the assignment book,
15 as I told you when we started to talk about the child,
16 Miss Nelles is shown as caring for Fazio and one other
17 child in Room 418 and those were her only assignments
18 of the night. During the day those two children had
19 similarly been under the care of a nurse who had no
20 other assignments. Do you have any recollection as
21 to whether Fazio and his roommate in 418 were on
22 shared care nursing?

21 A. No, I don't.

22 Q. Perhaps we could have Exhibit
23 335A, please.

24

25



1
2 Exhibit 335A, Mrs. Trayner, is a copy
3 of another version of the WIN sheets, this time with
4 notations on the back of them. Are you familiar with
5 this form of ward information nursing statistic sheet
6 with the information listed on the back?

2 A. A little bit, yes.

7 Q. Okay. I am showing you the
8 sheet for the week February 2nd to 8. Do you see that?

9 A. Yes.

10 Q. For Ward 4A. On the back of
11 that sheet it shows February 2 and February 3 Fazio
12 shared care 20 hours on the 2nd, 24 hours on the 3rd,
13 and notwithstanding the lack of any reference in the
14 assignment book does that indicate that indeed on those
15 days Fazio was ordered shared nursing care?

16 A. It would appear to, yes.

17 Q. Yes. And that would account
18 I take it for Miss Nelles just having the two patients
19 in Room 418?

20 A. Right.

21 Q. Now, once again with a shared
22 care nursing situation, Miss Nelles I take it would
23 need to be relieved in order to leave Fazio and her
24 other patient for a break?

25 A. Right.



1
2 Q. Do you have any recollection
3 as to who may have relieved Miss Nelles with her
4 patients on the night in question?

5 A. No, I don't.

6 Q. You can't help us with that?

7 A. No.

8 Q. Once again we had Mrs. Scott
9 with four patients also in Room 418 and I take it that
10 she could have been a candidate for relief in that
11 situation?

12 A. Yes.

13 Q. As could you, you were in
14 charge of the ward with no patient assignments?

15 A. Yes.

16 Q. And you can't help us?

17 A. No.

18 Q. Okay. Now, the next child,
19 although not listed on Exhibit 383, the chart, was
20 Bruce Floryn. Do you have a recollection of Bruce
21 Floryn?

22 A. No, I don't.

23 Q. No recollection of him at all,
24 either the child or the events surrounding his death?

25 A. I recall the name but nothing
else.



1

2

Q. You can't help us beyond that?

3

A. No.

4

Q. All right, let's go to Jennifer

5

Thomas who died in the morning, 3:38 in the morning,

6

February 12th, 1981. The child was in Room 418 at

7

the time of her arrest and death. You were the team

8

leader, Miss Nelles was on duty, Mrs. Scott was on

duty and Baby Warner was her patient that night.

9

A. Jennifer Thomas we're talking

10

or Warner?

11

Q. I am talking about Thomas,

12

although, the same was true with Warner, with one

13

variation, when we get to Warner you will find that

Miss Nelles was the team leader I think.

14

In the case of Thomas you were the

15

team leader, Miss Nelles was on duty, Mrs. Scott was

16

on duty and assigned to the care of the baby and Mrs.

17

Christie was on duty but she was relieving that night

18

on the seventh floor. So, we just had the three RNs

19

from the team on duty on Ward 4A that night. Do you

have any recollection of the Thomas baby?

20

A. Vaguely that night; I remember

21

days prior to that.

22

Q. You have a vague recollection

23

of that night. Perhaps we could have the chart then,

24

25



1

2 Mr. Registrar.

3

4

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9

Now, on that night just before we get to the chart, Mrs. Trayner, you, as I said, was team leader but you had a child in Room 423, one for you in that single room, Miss Nelles had five patients in Room 421 and two in 426, Mrs. Scott had Thomas and one other child in Room 418 and a child in 425, and that was the full nursing complement on Ward 4A that night on the nursing assignments.

10

11

12

Now, can you help us first with your recollection of the child either before or on the night of her death?

13

14

15

16

17

18

19

A. I remember that days prior to that she had been admitted to the Hospital.

20

21

22

23

24

25

Q. Yes.

A. And that she was critically ill when she arrived on the floor, that the head nurse had talked to Dr. Freedom to see if the child could be transferred down to the Intensive Care Unit for treatment down there.

26

27

28

29

30

31

Q. Yes.

A. There was a discussion with Dr. Freedom and I recall that the child went down in the evening of one night and stayed in the Intensive Care Unit for a few days. The night that she died I can



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only remember vaguely seeing the mum with the baby
in her arms or sitting beside her during the evening
and I can't remember the arrest.

Q. Other than this vague recollection
of seeing the child with her mother, I take it that
was the evening before she died, the evening of the
start of a long night shift?

A. Right.

Q. You have no other recollection?

A. No.

Q. Or of the arrest itself?

A. No, I don't.

- - - - -



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Q. You have no recollection of seeing the child in the course of doing rounds that evening, except perhaps on the occasion when you saw her with her mother?

A. No, I don't.

Q. Nothing remains in your mind, therefore there is not too much point in plowing through the chart, is there?

A. No.

Q. Now on March the 6th Baby Leith died, he is also not on the list. Do you have a recollection of Baby Leith?

A. No, I don't.

Q. On March the 7th, at 3:45 in the morning Colleen Warner died and she was in Room 418. You were on duty, but that night Nurse Nelles was acting as team leader.

A. Yes.

Q. Why was that, do you know?

A. Susan would take charge now and then because she was my backup team leader and the head nurse would put her in charge to get the experience.

Q. Mrs. Scott was working and she was assigned to care for Colleen Warner.



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Mrs. Christie was also working that night and it seems that she was being shared with Ward 4B, she was working both sides of the floor that night, do you recall?

6

A. Yes.

7

8

9

10

11

12

13

14

Q. Once again let's see who had which patient assignments. The long night that began Friday, March 6th, Miss Nelles was in charge with no patients. You had three patients in Room 418. Mrs. Scott had one patient in 418, who was Colleen Warner, three I think in 425 and one in 426. Mrs. Christie in addition to whatever she was doing on 4B that night had three patients in Room 421. Do you have a recollection of Colleen Warner?

15

A. Yes, I do.

16

17

18

19

20

21

22

23

Q. Could we have the chart then, please, Mr. Registrar? Perhaps with such help from the chart as you need, Mrs. Trayner, you can tell us what you remember of Baby Warner?

24

25

A. I can recall that the child was down in the emergency department and was going to be admitted to the fourth floor.

Q. She was in fact admitted on March 6th, was she not?

A. Yes. Susan had asked me to go



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10

Q. Yes.

11

A. And that's about all until

12

after her arrest; and I can remember speaking with

13

the parents after the baby had died.

14

Q. Mrs. Trayner, believe me I

15

don't mean to be critical, but you haven't told me

16

very much about the baby.

17

A. I don't recall much about the

18

baby.

19

Q. Your recollection is of dealing

20

with the parents when you went to collect the child

21

in the emergency department and brought them up to

the floor with the child?

22

A. Yes.

23

Q. And then dealing with them

24

after the arrest?

25

BB3



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2

A. Yes.

3

Q. But as to Baby Colleen Warner

4

herself I take it from that that you have essentially
5 no recollection of her?

5

6

A. No. I remember the parents
again were very upset that the child was sick.

7

8

Q. You don't recall her condition
and the course that she followed during your shift
9 or anything of that sort?

10

A. No, I don't.

11

THE COMMISSIONER: For some reason
12 I can't find the Warner chart. Is it page 148-149?

13

MR. LAMEK: I am sorry, sir.

14

THE COMMISSIONER: Was the Warner
child on 4A?

15

THE WITNESS: Yes.

16

MR. LAMEK: Yes, she was in 148.

17

THE WITNESS: She was just admitted
18 that night.

19

MR. LAMEK: She was admitted after
20 the beginning of the shift, sir.

21

THE COMMISSIONER: I can't find
it anywhere on the page, where should I find it?

22

23

MR. LAMEK: She is not in the
assignment book.

24

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THE COMMISSIONER: Oh, I see.

MR. LAMEK: Because at the beginning of the shift she wasn't there, she was admitted during the shift.

THE COMMISSIONER: They usually make a note do they not on the assignment book that there was a child admitted?

THE WITNESS: She was an emergency admission, she came up in the middle of the night.

THE COMMISSIONER: So that wouldn't be put on the -- how did you know so automatically - Mrs. Scott has one child in 148, how do we know Mrs. Scott was looking after - from the assignment book we don't.

MR. LAMEK: The error may be mine, I don't know that from the assignment book and it may be one that Mrs. Scott is recorded as having is one that was already there, sir. We do know that Colleen Warner was in 418 and that Mrs. Scott was assigned to her care.

THE COMMISSIONER: I tell you where I am having the trouble is, Mrs. Scott had one without any record of Colleen Warner being there, which probably means she had two when Colleen Warner arrived.

MR. LAMEK: Yes, that's right.



1

2

BB6 Because if you look at the afternoon patient
3 distribution, which is above that in the fourth
4 square, sir --

5

THE COMMISSIONER: Yes.

6

MR. LAMEK: -- I think you will
7 find four children for 418 there.

7

8

THE COMMISSIONER: Yes.

9

MR. LAMEK: Two were in Miss Cooney's
10 care, and then there were two others in
11 Miss Partridge's care as you will see.

11

THE COMMISSIONER: Yes.

12

13

MR. LAMEK: And that on the face
14 of it would account for Mrs. Trayner's three, and
15 Mrs. Scott's one in the night shift. I think
16 Colleen Warner was an added starter in 418 for
17 Mrs. Scott.

16

17

THE COMMISSIONER: The one with the --
18 the one that somebody called Kjeldsen.

18

19

MR. LAMEK: But if that, sir, if
20 you look in the chart, at page 55, the nursing note
21 there in respect of the child starting at 7:30 in
22 the evening was Mrs. Scott's.

21

22

THE COMMISSIONER: Yes.

23

MR. LAMEK: Q. Do I take it,
24 Mrs. Trayner, that such recollection as you have
25

24

25



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concerning Colleen Warner is not of the child, or
the events of the night, but of dealing with her
parents?

5

A. That's correct.

6

7

Q. And other than that you cannot
help us with the death of that child?

8

A. No.

9

10

11

12

Q. Now we had Leith who died on
March the 6th; then there was Warner in the early
hours of March the 7th. At 6 o'clock in the morning
of March the 8th we know that Jordan Hines died, and
he was on 4B, is that right?

13

A. Yes.

14

15

16

Q. Mrs. Scott was relieving on
4B that night and you were on duty on 4A as was
Miss Nelles?

17

A. Yes.

18

Q. And Mrs. Christie was on 4A
with you?

19

A. Yes.

20

21

Q. Do you have any recollection
of Jordan Hines?

22

A. Yes, I do.

23

Q. With that perhaps we can ask
the Registrar if he would put the chart before you.

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I can tell you that on 4B that night Miss Halpenny was acting as team leader, and had a patient in Room 437. Miss Reaper had three patients in Room 433. Miss Frise had four patients in Room 431. Miss Reaper was also looking after Hines in 431. There was a relief RN who I take it to be Mrs. Scott in 4A, who was looking after children in Rooms 410, 411 and 414. Do you recall being on Ward 4B that evening prior to the time that Jordan Hines got into trouble?

A. Yes, I was.

Q. Can you tell me when you were on 4B that night?

A. I can't remember the time. I best remember, I think around midnight and Mary Jean Halpenny had asked me to come in and check a baby with her.

Q. Do you recall any other occasion during the evening of March the 7th when you were on Ward 4B, or the early hours of March 8th?

A. No. I had gone in with Mary Jean, now, I don't know what time it was.

Q. I take it the baby was not Jordan Hines?

A. That is correct, it was Joshua.



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BB9

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Q. Jordan and Joshua, they were
both in Room 431?

4

A. Right.

5

6

7

Q. When you went into Room 431
to see the child that Miss Halpenny wanted you to
see, did you also see Jordan Hines there?

8

9

A. I saw his monitor he was
close to the door, so I had seen the cardiac monitor
on the way out.

10

11

Q. No recollection of seeing the
child himself?

12

A. No.

13

14

15

Q. Do you recall in particular
whether you were on 4B and in Room 431 between 10 and
11 o'clock on that evening?

16

17

18

19

20

21

22

A. I can't remember the time when
I had gone in, I thought it was at some time after
the coffee break that Mary Jean had asked me to
come in to check a baby, and we had called the doctor
after that. I had gone back in with her after the
doctor had been called, so that would be twice. Now,
I don't know what time, I can't recall being there
at 10 to 11:00.

23

24

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Q. And the occasion when you
were asked to go by Miss Halpenny, that was at or



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about midnight you say?

A. I thought it was, yes, but I can't be sure, I know I was in the room.

Q. Okay, a little bit before or a little after midnight, something of that sort?

A. I really can't recall.

Q. Now, Mrs. Scott who has given evidence here; and the reference there is Volume 119, page 7198 has said that she recalls seeing you in Room 431 between 10 and 11 o'clock on the evening of March the 7th. She was on her break and remembers she was relieving over on 4B that night. Her evidence was that she recalls seeing you standing by Jordan Hines' bed looking at him for a few minutes. Do you have any recollection at all of that?

A. No. The time I saw him, I didn't really see him at all, I saw the cardiac monitor that had caught my eye.

Q. And I take it you didn't spend a matter of minutes looking at even his monitor on that occasion?

A. I spoke to Sue Reaper at the time I saw the monitor, Susan Reaper was with the baby.

Q. You were not standing and



1

2

BB11

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studying the monitor for any length of time, were
you?

4

A. No.

5

6

Q. You have no recollection of
the visit to Room 431 that Mrs. Scott has described
for us?

7

8

A. No.

9

10

Q. Now the visit you do recall
then was around midnight. When were you next over
on 4B, and in particular in Room 431?

11

12

A. The next time I recall was
going in when the emergency buzzer was sounded, and
I thought that to be around 4 o'clock.

13

14

Q. All right. Was it the emergency
buzzer or the alarm that you heard?

15

16

A. The emergency buzzer from 431.

17

Q. Where were you when you heard
that?

18

A. I was in 418 with a patient.

19

Q. With a patient of yours?

20

A. Yes.

21

Q. And then you left that patient
and went across to the other side of the ward?

22

A. Yes.

23

Q. To Room 431?

24

A. Right.

25



CC/EMT/LN

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Q. And when you got there what did you find?

A. I went to Joshua's bed but they were with Jordan Hines.

Q. You went to the bed of a child you had been earlier asked to take a look at?

A. Yes.

Q. And did you think from what you had seen earlier that it was he who was in trouble?

A. Well, I wasn't aware of any other problems on 4B, and Mary Jean was concerned with the one baby, and I automatically ran in to Joshua's bedside.

Q. In fact Hines was the baby who was in difficulty?

A. Yes.

Q. What do you recall of what occurred?

A. I recall it being a very long arrest.

Q. Yes. Had an arrest been called by the time you arrived, a 25?

A. I think the 25 was on its way out. Someone was dialing it when I came in.



1

2

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Q. If that was so the arrest team arrived very shortly after you did I take it?

3

4

A. Right.

5

Q. Did you participate in the resuscitation effort?

6

7

A. Yes, I did.

8

Q. What were you doing?

9

10

A. I can remember drawing up some medications. I can remember getting an intravenous ready. I can remember doing some cardio - cardiac compression.

11

12

13

Q. We have heard that in the course of that resuscitation effort there was a need for a pacemaker?

14

A. That is correct.

15

16

Q. Can you tell us what your recollection is of the need arising for a pacemaker and whatever ensued from that?

17

18

19

20

21

22

A. I can recall one of the doctors asking for the pacemaker. Today I can't remember which one of us went out. Either it was Susan or myself went out to get a pacemaker, and whatever was brought back was the wrong pacemaker. Or not what we needed.

23

24

25

Q. Can we pause just there for



1
2 a moment? One of you went and whichever of you
3 went brought back a pacemaker?

4 A. Correct.

5 Q. Did the doctor who had asked
6 you for it say "That's the wrong one"?

7 A. No. It was between the two
8 nurses, Susan and myself.

9 Q. Whichever one hadn't got it
10 said to the/who had when she got back "You brought
11 the wrong pacemaker".

12 A. Right.

13 Q. And then what happened?

14 A. I remember trying to explain
15 what pacemaker we wanted. I can remember that
16 voices may - I may have raised my voice. It was
17 something that the doctors needed. One of us went
18 out and got it, the right pacemaker. I can remember
19 Dr. Costigan saying "Come on, ladies", and there
20 was a nervous release or there was a chuckle, and
21 the pacemaker was given, and I can remember Sue
22 saying "I'm sorry, I didn't know what they wanted",
23 and that was the whole discussion.

24 Q. Now that exchange has been
25 variously described here by different people as a
discussion, a difference and an argument, a fight



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a squabble. How would you characterize it?

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A. I would have characterized

it as a discussion in an emergency situation

where emotions were high. Tension was high, and

people were tired, and we wanted everything to go

well, and it was an anxious situation.

Q. Was there any anger or

acrimony in the conversation that you and Miss

Nelles were having over this pacemaker?

A. No, there wasn't.

Q. If I understand you correctly

as it turned out you were correct in your characteriza-

tion of which pacemaker was required, were you?

A. Right.

Q. Okay. And the arrest went on.

The resuscitation effort went on and it went on for

a considerable length of time, didn't it?

A. Yes.

Q. It was eventually unsuccessful.

Do you recall anything else about Jordan Hines

and the night of his death?

A. No, nothing specific.

Q. Now the next night again

another child died, and I believe for the first

time among the A and B category deaths that we have



1
2 got listed on the chart, this was a patient to whose
3 care you were assigned. That is Barbara Gionas.

4 On that night again Miss Nelles
5 was acting as team leader. You were on duty, as
6 was Mrs. Scott and Mrs. Christie was relieving on
7 the 7th floor.

8 I wonder if we could have the
9 Barbara Gionas chart, please?

10 Miss Nelles in charge had no
11 patients assigned to her that night. You had four
12 patients in room 418, one of whom was Barbara Gionas.
13 Mrs. Scott had four patients in 425, two in 426,
and one patient in each of rooms 421, 423.

14 Mrs. Christie as you said was
15 relieving elsewhere in the hospital. So we have the
16 three RN's on, Miss Nelles with no patient
17 assignments, you with four in 418.

18 Can you tell us, please, what
19 you recall about Barbara Gionas?

20 A. I can recall having Dr.
21 Soulioti listen to Barbara's apex about 10:30 that
22 evening because it was slower - slower than I had
23 remembered it to be on the Saturday night, and
24 she listened to the baby but she wasn't - there
25 were no orders written or anything.



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2 I can remember feeding the baby
3 in my arms, and Barbara became increasingly - I
4 think she had some respiratory difficulty and I
5 called for Susan.

6 Q. Now your nursing note I
7 think appears on page 77 of the chart, Mrs. Trayner.
8 Is that right?

9 A. Just a minute.

10 Q. I may be - believe me, I
11 mean that seriously - I don't see a reference with
12 a quick look to your having Dr. Soulioti in in the
13 early stages of the shift. Reference to Dr. Soulioti
when a code 23 was called.

14 A. Hm-mm

15 Q. That was later, was it not?

16 A. Yes.

17 Q. Later than the time that you
refer to.

18 Am I correct there is no reference
19 to an earlier visit by Dr. Soulioti in your nursing
20 note?

21 A. That is correct.

22 Q. Is that not the sort of thing
23 that one would expect to see in a nursing note if
24 you thought it necessary to call a doctor to take a
25



7 1
2 look at the baby?

3 A. I hadn't actually called
4 Dr. Soulioti in. She was in the room.

5 Q. Oh, I see.

6 A. While I was taking this
7 baby's apex she was there and she ^{was} coming in doing
8 rounds on her own so I said did you want to listen
9 to the baby.

10 Q. Oh, I'm sorry, I understood
11 you to say you called her.

12 A. No, I'm sorry.

13 Q. And your nursing note I take
14 it summarizes the major events of that night shift
15 as you then saw them and as you now recall them.
16 Is that fair?

17 A. That is correct.

18 Q. Is there anything you can add
19 to the nursing note that is there?

20 A. No.

21 Q. That child was pronounced dead
22 again in the small hours of the morning, 1:45.

23 How much time did you spend in
24 room 418 that night, Mrs. Trayner?

25 A. I can't recall.



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Q. Do you recall whether your other patients in that room together with baby Gionas kept you pretty busy in the room?

A. I can't be sure.

Q. I take it there is no reason to think you were in there constantly from the beginning of the shift until the time of the arrest, is there?

A. No.

Q. It appears that you had of all the children in the room that night.

A. Hm-mm.

Q. Do you recall anyone else coming into room 418 during that shift? You have told us about Dr. Soulioti being there to look at one of the other children or just on rounds I think you said?

A. Yes.

Q. Was anyone with Dr. Soulioti when she was there?

A. Susan Nelles.

Q. As a team leader?

A. Yes.

Q. Doing rounds with Dr. Soulioti?

A. Yes.



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Q. Can you recall anyone else being in the room at any other time until the time of the arrest?

A. No.

Q. Okay. The medication sheet is found at page 184 of the chart, and if I am reading it correctly under the date of March 8th the child had been on digoxin but it was held. Is that so?

A. That's correct.

Q. Therefore there is no signing off for administration of digoxin at 9:00 o'clock that evening?

A. Right.

Q. You did sign off, though for lasix and aldactone and fer-in-sol and tri-vi-sol -- no, not the others, just aldactone.

A. Right.

Q. The others didn't call for evening administration.

A. Right.

Q. Other than the lasix and aldactone for whose administration at 9:00 o'clock you did sign, did you administer any other medications to that child that night?



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A. No, I didn't.

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Q. Of any kind?

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A. No.

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Q. I take it you have no present
recollection ^{from} what you have said of when you may
have been in or out of that room?

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A. No, I don't.

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Q. Was it Miss Nelles' practice
when she was acting as team leader to do as you did
and to make regular rounds of the ward?

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A. Yes, it was.

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Q. On a more or less hourly
basis?

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Q. Do you recall seeing her
in there on her regular hourly rounds then that
night?

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A. I can recall seeing her at
least twice.

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Q. All right. What, she comes
into the room, takes a look at all the children?

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A. Yes.

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Q. Had a chat with you to see
how they were doing?

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A. Yes.

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Q. How long would that take? Or

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indeed, let me ask you a more direct question -
if you have any recollection, how long did that
take on each occasion? Do you remember?

A. Which, that night with Susan?

Q. Yes.

A. To do her whole rounds or to
do one room?

Q. No, to visit room 418 and
look at those children. How long did it take her
to do that?

A. I can't recall.

Q. All right. Then I will ask
the question as I originally and perhaps wrongly
framed it; how long would it take to go and take
a look at four children and have a chat with the sole
nurse there in charge?

A. Two minutes, three minutes.

Q. Not a long space of time?

A. No.

Q. Do you have any recollection
of her being there for any extended period of time
with you that night?

A. No.

Q. All right. Is that the extent
of what you can tell us about Barbara Gionas then?



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A. Yes.

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Q. Mrs. Trayner, as we have said

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Barbara Gionas was the first of these children listed on the chart, although of course we recall people like Alan Perreault and so on, but the first of the people on this A and B category list who had died while under your nursing care.

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Now true enough it was that you had been team leader on many other occasions and in a sense responsible for all the children on the ward, but this night a child died who was your special charge.

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A. Hm-mm

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Q. How did you react to that?

11

Was that a very upsetting experience for you?

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A. I don't recall if I had to

13

deal with the parents. I don't remember these parents coming down that night.

14

Q. Yes.

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A. So therefore I wouldn't

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have had to deal with the parents. It is always upsetting when a child dies.

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Q. Yes, of course. I guess

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what I am asking is whether on this occasion the child being your patient directly there was any particular sharpness or upset about it?

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A. No.

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Q. Do I rather infer from what you have just said that what in particular you found to be painful was dealing with parents in the event of a death?

A. No, that makes the child dying just that much more when you have to deal with the parents when they come.

Q. Because I noticed in a couple of cases when you said, yes, you remember the child, what in fact you meant was that you remembered dealing with the parents. We saw that just a few minutes ago.

A. Yes.

Q. And you said in the case of Gionas, no, I didn't have to deal with the parents?

A. Yes.

Q. Was dealing with parents something that particularly upset you?

A. I don't know if it upset me - well, it did upset me, it's hard to deal with parents.

Q. I'm sure it is, I'm sure it is.

A. It's at a point in time when you don't know what to say.

Q. Yes.

A. Or what to do and I find it



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hard, yes.

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Q. And the lack of having to deal with the parents of Barbara Gionas on the night that she died I guess was to an extent a relief for you that you didn't have to face that additional upsetting situation?

A. Yes.

Q. Okay. Mrs. Trayner, by the time we got to Baby Gionas in March 9 you had been present, as had a lot of people on your team, at a large number of arrests and resuscitations, had you not?

A. Yes.

Q. I am sure they didn't lose their ability to upset and distress you and the other members of your team, but you had been at an awful lot of them. Had you been aware - let's move back to January for a minute - had you been aware of a pretty high level conference involving people in discussion of deaths that had occurred since the summer; high level people, I mean senior cardiologists on staff, Dr. Rowe and so on and Dr. Trusler from cardiovascular surgery, service, administrative people, intensivists, senior nursing administrators. Were you aware that that meeting was held in January



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to discuss deaths and ways of dealing with them?

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A. I can't recall that meeting,
no.

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Q. Do you recall hearing anything
about it, and perhaps I can help you. It was that
meeting that really advanced the idea which had been
raised in September of a step down Intensive Care Unit.
Does that assist you to recall things?

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A. I can remember them getting
ready to set up the Intensive Care Unit by getting
it into the organizational pattern and getting their
ideas down on paper but I can't recall the meeting
that they had.

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Q. Okay. You have no particular
recollection of a meeting at which, as it turned out,
some 20 deaths were considered, 20 deaths which had
occurred on the floor between the summertime, July
and the end of the year?

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A. No.

Q. Okay. And you may not have kept
any kind of a count of the number of deaths to which
you had been exposed over the course of those now nine
months by the time we get to March, I am not suggesting
you did keep a count, but you knew there had been a
lot?



Trayner, ex.
(Lamek)

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A. Yes.

Q. Did those deaths and the number of them, not in any individual sense, but did the number of deaths, the sheer weight of them sort of prey on your mind in any way. Were you taken up with thinking about them?

A. I think I wondered why. I think maybe it would be around this time that I started realizing they were dying on my team.

Q. Yes.

A. And that they were dying at night.

Q. It was in to March that those observations began to be made by you?

A. Yes.

Q. Clearly you were concerned with each death as it occurred and for reasons you have explained to us, you would talk to people, try to find out whether something more could have been done, something might have been missed, as you have told us, looking for that kind of re-assurance?

A. Yes.

Q. Did you also find yourself thinking, and perhaps even talking about these deaths days, weeks, even months after they had occurred?



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Q. Even after we got past the death of Justin Cook and the arrest of Miss Nelles, as the months and weeks went by did you find yourself dwelling in your mind on the deaths and the arrests that you had been through and seen?

A. No.

Q. Were you ever aware of talking about the deaths and the arrests over a long period of time?

A. No.

Q. Well, as I think you probably know, Mrs. Trayner, we have heard evidence here that, and I can give you the references if it would be helpful to you, from Mrs. Bell who said - this is in Volume 98, Mr. Commissioner, page 2216 - that it was her observation that you talked about these arrests more frequently than the others, talked about them to the point where it became a source of discomfort to other nurses, who apparently didn't want to have these things brought back to them over and over again and that you seemed to be rehashing the deaths over and over again.

Mrs. Radojewski said essentially the same thing, Miss Johnstone said the same thing. It is an observation that they made that for some time after



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the events you seemed to be preoccupied with the deaths and the arrests that you had seen. Were you aware of that at all?

A. I can recall questioning the death as it occurred and talking to people about it. Now, it may not have been that I was able to talk to who I wanted to talk to --

Q. Sure.

A. -- for two or three or four days. I wasn't aware that I was harping on it. As I say, my team members would be asking questions from me and it may have come out that I was the vocal person. I didn't see myself that way, nobody had told me about that.

Q. And if it was happening, it was something that you were not consciously aware of?

A. I knew that I was questioning the death; I didn't realize, you know, I was going on and on.

Q. Well, Mrs. Trayner, I think the people who were talking to us were talking about a period that extended far beyond the immediate period of the deaths. Miss Johnstone, for example, in Volume 103 at page 3501, was asked by me in chief:

"Q. Okay. When was the last time



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that you saw Nurse Trayner outside
the Hospital by arrangement when you
went out together?"

Because she had said that from time to time you and
she would have lunch or something like that. Is that
so?

A. I can remember two luncheons
that we had, yes.

Q. Yes.

"A. As I said this morning, in the
early part of January, before the
preliminary hearing."

That is January of 1982.

"Q. Until that time had you seen
her not frequently but fairly regular-
ly over the period of the last year,
the previous year or two?"

"A. No, I wouldn't say on a
regular basis, no."

"Q. Is there any particular reason
for not having seen her since the
beginning of 1982?"

"A. I just felt that I found it
very distressful that her conversation
would always centre around the amount



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of deaths and she would make comments about the police investigation and I just felt I personally could not deal with that anymore and it would be better if I just didn't see her anymore."

Do you have any perception, any recollection, any recognition at all of talking about the deaths and the investigation in the way that Miss Johnstone is suggesting?

A. No, I don't.

Q. Well, we come next, Mrs. Trayner, to the two deaths that occurred on the long night shift, one death and one child getting into serious trouble on the long night shift of March 11 to 12, Babies - I understand from you the pronunciation is 'Manovolich'?

A. Yes.

Q. And ours has been a rather more phonetic pronunciation than that, Manojlovich and Pacsai.

A. Yes.

Q. They were both children who were on Ward 4B.

A. Right.



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Q. Baby Manojlovich died at 3:35 in the morning, Pacsai, although he did not die until 10:10 in the morning after the end of the night shift but clearly got into trouble before that time and during the night shift, did he not?

A. Right.

Q. Now, that night Miss Nelles was relieving on Ward 4B, wasn't she?

A. Yes, she was.

Q. And in particular she was looking after Baby Pacsai?

A. That's right.

Q. Did you, prior to that night, have any knowledge at all of either of those children, Manojlovich or Pacsai?

A. I had no knowledge of Manojlovich; I had some knowledge of Pacsai.

Q. Okay. Well, let's deal with Manojlovich first because hers was the first difficulty. On the night shift of March 11 to 12 were you over on Ward 4B at all prior to the Manojlovich arrest?

A. I was over to see Susan Nelles and that was in 431.

Q. Okay. What time were you



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DD10 2 over there?
3 A. That was about eight o'clock.
4 Q. And did you go for the express
5 purpose of seeing Miss Nelles?
6 A. Yes.
7 Q. Just to have a chat with her
8 or was there some other reason?
9 A. It was to have a chat.
10 Q. I haven't checked, did you
11 have patient assignments that night? Yes, you had
12 a baby in 423; one patient over there, but there is
13 no suggestion that that was a constant care or any-
14 thing like that. So, you say at about eight o'clock
15 you went over there?
16 A. Yes, it was just after report.
17 Q. Before you went on your first
18 round?
19 A. Yes.
20 Q. So, essentially, the first
21 think you did when you got on to the floor that
22 night --
23 A. Right.
24 Q. -- was go over and have a chat
25 with Susan?
A. Right.



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Q. Forgive me, if there was no express purpose, why would you do that even before you went to look at the patients on the floor?

A. Because when I got out of report somebody told me that Susan was angry that she was on relief.

Q. Ah, okay, then there was a reason, thanks.

A. And I had gone over to see what the problem was.

Q. Okay, and when you got there was there a problem, was she angry?

A. She was upset. 4B was a little more disorganized than 4A was and Susan had a heavy assignment at first and she was a little angry.

Q. Well, was she over on 4B before the end of report?

A. She took report from 4B; she wouldn't take report from me.

Q. Or with you, you mean?

A. She wouldn't take report with me.

Q. No.

A. She would take it from 4B.

Q. And they took their report in



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DD12 2 a different room, did they?
3 A. Yes.
4 Q. And presumably got through a
5 little earlier than 4A did that night?
6 A. Yes.
7 Q. You got out of report and you
8 heard that Susan Nelles was over on 4B and she was
9 cross about something?
10 A. Right.
11 Q. Okay. So, you went over to
12 find out what it was, to see if you could calm her
13 down a bit?
14 A. I just went over to see what
15 the problem was and if there was anything I could do.
16 Q. Was there anything you could
17 do? Were you able to resolve it with her?
18 A. Yes.
19 Q. Well, certainly in the
20 assignment book she was set to have four patients
21 in 437 and then Pacsai in 431?
22 A. Right.
23 Q. And in addition she was to do
24 the meds. for the children in 431?
25 A. Yes.
Q. Was that what she was upset



DD13 2

about?

A. I remember her being upset that Baby Pacsai hadn't been fed before she got over there and with the patient assignment she had she thought she was going to be busy for the first little while and was upset that the baby hadn't been fed before she came on duty.

Q. In other words, that was a job that she shouldn't have had to face as soon as she got onto the floor?

A. Yes.

Q. Were you able to calm her down and how long did you stay?

A. Just a few minutes.

Q. You are now on your way back to 4A?

A. Yes.

MR. LAMEK: I wonder, Mr. Commissioner, if we can have Mrs. Trayner travel to 4A while we take a break.

THE COMMISSIONER: Yes, twenty minutes then.

--- recess.



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--- Upon resuming.

THE COMMISSIONER: Yes, Mr. Lamek.

MR. LAMEK: Thank you, sir.

First, Mr. Commissioner, I'm told that the session at 4:30 or whenever the session of this hearing will be at an end will be held in Hearing Room 3 on the 21st floor.

THE COMMISSIONER: Yes. All right. I might just say that we will then discuss - Mr. Thomson has some problems, we will discuss the order of cross-examination as well as the other matters. All right.

MR. LAMEK: Q. Mrs. Trayner, just before the break I was talking to you about the evidence that Mrs. Johnstone had given here, and about the distress that she felt and what she perceived to be your continued talk about death and so on. I understand from Mr. Thomson that there may have been some misunderstanding there. Perhaps I should read to you again the particular passage from Mrs. Johnstone's evidence that I have read before. Now again the particular passage from Mrs. Johnstone's evidence that I read before, I had asked her when she last saw you outside the hospital by arrangement, and she said it was in the early part of January before



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3 the preliminary hearing, that was January of 1982,
4 and that she had not seen you regularly before that,
5 but from time to time. The question was:

6 "Q. Is there any particular reason
7 for not having seen her since the
8 beginning of 1982?

9 A. I just felt that I found it
10 very distressful that her conversation
11 would always centre around the amount
12 of deaths and she would make comments
13 about the police investigation and I
14 just felt I personally could not deal
15 with that any more and it would be
16 better if I just didn't see her any
17 more."

18 Do you understand that comment to be referring to
19 your talking about the arrest of Miss Nelles, or the
20 arrests and deaths of the children?

21 A. The arrest and deaths of the
22 children.

23 Q. I confess that is the way I
24 understood it, and therefore we don't seem to be
25 at odds, at odds at all.

A. Okay.

Q. As to what meaning we put upon



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2 Mrs. Johnstone's evidence. Thank you.

3 Now you have told us then of the
4 visit to Ward 4B at approximately 8 o'clock in
5 the evening, right after taking report and before
6 making your own rounds of the patients on Ward 4A,
7 to see Miss Nelles and to see what the difficulty
8 was that was making her angry. You told us about
9 that. Did you then go back to 4A?

10 A. Yes, I did.

11 Q. And do your rounds of your
12 patients?

13 A. Yes.

14 Q. When were you next on Ward 4B
15 that evening?

16 A. When the emergency went for
17 Manojlovich.

18 Q. You don't remember being there
19 again until the Manojlovich arrest?

20 A. Right.

21 Q. Now you have no particular
22 recollection or knowledge of Baby Manojlovich I
23 understand from what you told me earlier?

24 A. No, I don't.

25 Q. And the arrest in that case
occurred - the child got into trouble at about 2:30



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3 in the morning. That I take it is consistent with
4 your recollection of going over to the ward at that
5 time?

6 A. Yes.

7 Q. When you got there was the
8 arrest team already on site?

9 A. Yes, they were.

10 Q. And working on the child?

11 A. Yes.

12 Q. Did you go into the room?

13 A. Yes, I did.

14 Q. And did you assist in the
15 resuscitation effort?

16 A. I can't recall what I did,
17 but I was there.

18 Q. Were you right in the room?

19 A. The way the bed was in the
20 room it was length-wise and the crash cart came to
21 the door, and I was right beside the crash cart in
22 the door.

23 Q. And that was in Room 438?

24 A. Yes.

25 Q. And on the floor plan that we
have of the ward, the second room from the end.

A. Right.



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Q. Indeed it looks like a rather small room that most of the other patient rooms on the ward, is that so?

A. Yes, it is.

Q. How was the bed arranged in the room, can you tell me?

A. The bed would be down this way.

Q. With the head or the foot towards the window?

A. The head here. (Indicating)

Q. The head towards the window and against the wall?

A. No, almost down the centre.

Q. Almost blocking the passage from the doorway?

A. Yes.

Q. And were you in the area by the door, is that what you are telling us?

A. That is correct.

Q. Did you ever get inside the room to the actual bedside?

A. I don't recall so, no.

Q. And where was the crash cart?

A. Right at the door, just inside the door.



1

2

3

Q. Inside the door, were you
between the crash cart and the door?

4

5

A. I was to the side of the
crash cart.

6

7

Q. And did you stay in that
same general location throughout the time you were
in that room?

8

9

A. Yes.

10

Q. Did you stay there throughout
the resuscitation effort?

11

A. I ran out once.

12

13

Q. Can you tell me what was the
reason for you running out once?

14

15

A. I had dropped something off
the crash cart and had gone out to get some diapers
to clean the water up off the floor.

16

17

Q. Other than standing, as you
have told us, in the general area of the doorway
there beside the crash cart, were you doing anything
to assist in the arrest?

18

19

20

A. I can't recall.

21

22

Q. Do you recall on an earlier
occasion, and I can remind you of the evidence if
you wish, thinking that you were assisting in drawing
up drugs during the resuscitation?

23

24

25



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2

3

A. I may have, I can't recall
doing that.

4

Q. You have no present recollection?

5

A. No.

6

7

8

Q. If you can't recall doing that,
do you recall doing anything other than standing in
the area that you have described being ready to help
if called upon?

9

A. Yes.

10

11

Q. Is that essentially what you
were doing?

12

A. Yes.

13

14

Q. If anybody needed you, or
needed you to get anything, or do something, you
were there?

15

A. Right.

16

17

Q. Now the team leader on Ward 4B
that night, do you recall who it was?

18

A. Mary Jean Halpenny.

19

20

Q. There is no trick in the
memory, it was Mary Jean Halpenny?

21

A. Yes.

22

23

Q. And did she seem to you to have
the nursing element and the arrest reasonably well
organized?

24

25



1

2

A. Yes.

3

Q. And under control?

4

A. Yes.

5

Q. You didn't feel you needed to
get in and assist and help organize things?

6

A. No.

7

8

Q. Were you at any stage asked
to go and get anything, or do something to help in
the resuscitation effort?

9

10

A. I can't recall.

11

12

13

14

15

Q. But other than the time when
you left, as you said, to get diapers to wipe up
whatever it was you had spilled, or not from the cart,
other than that occasion is it your recollection that
you were in the area of the room by the door through-
out the period of that resuscitation effort?

16

A. Yes.

17

18

Q. Was there anybody standing
behind you, closer to the door than you?

19

20

A. I can remember supervisors
beside me.

21

22

Q. Do you recall whether they
were there throughout the arrest?

23

24

25

A. I can't recall if they were
there for the whole arrest, no.



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Q. Now on the occasion when you left your position by the door of Room 438 to run for diapers, where did you have to go for them?

A. To the dirty utility room; to the clean utility room.

Q. You went to the clean utility room?

A. Yes.

Q. Which is further along the corridor towards the nursing station?

A. Right.

Q. Did you on that occasion go to or into Room 431?

A. As I was running by in the corridor to go to the clean utility room I could hear a monitor going off in 431. I picked up my diapers and went to 431, and when I got there Yvonne Lyons was at the bedside of Pacsai.

Q. Were you on your way to or from the clean utility room when you heard the monitor go off?

A. I was on my way to the clean utility room.

Q. So you continued to the clean utility room to get the diapers that you needed from



EE10

1

2

there, and then go to 431?

3

A. Yes.

4

Q. You said Yvonne Lyons was

5

there?

6

A. Yes, she was.

7

Q. You went into the room?

8

A. Yes.

9

Q. Whose monitor was sounding

the alarm?

10

A. It was Pacsai's monitor.

11

Q. And was Yvonne Lyons with

12

Baby Pacsai?

13

A. She was standing over the

side of the bed with him, yes.

14

Q. Do you recall what she was

15

doing?

16

A. Taking his apex.

17

Q. With a stethoscope?

18

A. Yes.

19

Q. And what did you do?

20

A. I said "Is everything okay?"

21

Q. Yes.

22

A. And she said yes, she nodded

her head.

23

Q. Did you then leave?

24

25



1

2

3

4

A. I said if you need anything
you know where we are, and I went back to the arrest
of Manojlovich.

5

6

7

Q. As you describe that,
Mrs. Trayner, it sounds as though you were in Room
431 for a very brief period of time?

8

A. Yes.

9

Q. A matter of seconds?

10

A. Right.

11

12

Q. Were you again, or on any
other occasion in Room 431 during the time that
the arrest team was working on Baby Manojlovich?

13

A. I was in just that one time,
until after.

14

15

16

17

Q. Now when the resuscitation
efforts ceased on Baby Manojlovich and the child was
pronounced dead, and it was at 3:35 in the morning,
what did you then do?

18

A. I went and had a cup of coffee.

19

20

Q. I take it Miss Nelles was
at the Manojlovich arrest?

21

A. Yes, she was.

22

Q. Did you see her there?

23

A. Yes.

24

Q. Throughout the time that you

25



1
2 were there?

3 A. Yes.

4 Q. Do you recall what she was
5 doing?

6 A. She was at the head of the
7 bed, I think she started doing compressions,
8 cardiac compressions.

9 Q. She was at the far end of the
10 room from where you were standing?

11 A. Yes.

12 Q. And working on the child?

13 A. Right.

14 Q. Did you speak to her immediately
15 following the end of the resuscitation effort?

16 A. I don't know if it was
17 immediately following or shortly after I finished
18 my coffee, it would be within 10 minutes.

19 Q. You went back to 4A?

20 A. Yes.

21 Q. And they had a cup of coffee?

22 A. Yes.

23 Q. At the nursing station?

24 A. Yes.

25 Q. Did Miss Nelles come out to
the nursing station, did you see her there?



1

2

A. No.

3

Q. Where then did you see her?

4

A. I went into 431.

5

Q. Just one other thing before we

6

leave poor Baby Manojlovich. You have told me of
7 the one occasion prior to her arrest when you were
8 on 4B that night, and that was at 8 o'clock to see
9 Miss Nelles; on that occasion did you go into Room
431?

10

A. No, I didn't.

11

Q. You had not been to, or into

12

Room 438 until you heard the code called and you
13 went to the arrest?

14

A. That's correct.

15

Q. So now we have you after the

16

child had been pronounced dead at 3:35 in the
17 morning, you go back to the 4A side, in fact you
go to the nursing station and have a cup of coffee.

18

A. Right.

19

Q. And a very bad habit that you

20

and I share, a cigarette I take it?

21

A. Right.

22

MR. LAMEK: The Commissioner doesn't
23 approve of that.

23

Q. You then - did you finish your

24

25



1

2

coffee then go to see Miss Nelles in Room 431?

3

A. Yes, I did.

4

Q. What was your purpose in going

5

to see her?

6

A. I wanted to see if there was
any signs I could do for her on her other patients.

7

8

Q. Now as at that time, is that
all you did back on 4A, have a cup of coffee and
then go to see Miss Nelles?

9

10

A. I checked my patients on the
4A side to make sure things were okay.

11

12

Q. Because you had been away from
them for quite some time had you not?

13

14

A. Right.

15

Q. And everything was all right,
and then you went over to see Miss Nelles?

16

17

A. Right.

18

Q. I'm sorry, for what purpose
again, remind me?

19

A. I went over to see if actually
she wanted to go and have a cup of coffee, or if
there was anything I could do for her.

20

21

22

Q. And what did you find when you
got to 431?

23

24

A. That she was with Baby Pacsai

25



1
2 and she was just going to sit down and feed the
3 baby.

4 Q. I am sorry, was it 431 you
5 went to look for her, because she also had patients
6 in 437 did she not?

7 A. I know she had patients other
8 than Baby Pacsai, I didn't know where, but I had
9 gone into 431 that is where she had gone.

10 Q. And that is where you found
11 her?

12 A. Yes.

13 Q. I am sorry, tell me what you
14 found when you got there?

15 A. She was just getting ready to
16 feed Baby Pacsai.

17 Q. Did she make any comment
18 about the child?

19 A. I don't know if she made a
20 comment right away, there was a comment that "This
21 baby worries me".
22 -----
23
24
25



EMT.jc
FF

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2

3

Q All right. What was your
observation of the child at that time?

4

5

6

A I hadn't really seen the baby
before that so I wasn't sure why the baby had
worried her; only I could see the cardiac monitor.

7

8

9

10

Q Yes.

A And the cardiac monitor was
doing strange things.

11

12

13

Q You had been in to the room
at 8 o'clock?

14

15

16

A Hm-mm.

Q And had you taken a look at the
child at that time?

17

18

19

A I never really looked at Baby
Pacsai. I was there to talk to Susan so I didn't
really see the baby or have an impression of the baby.

20

21

22

23

24

25

Q All right. And in the very
brief visit you made to that room when the alarm went
off in the case of Baby Manojlovich's arrest, was
that a sufficient view of the child for you to form
any impression of it?

A No.

Q So was this occasion about
quarter to four, ten to four in the morning the first
opportunity that you had had to take a good look at



FF.2

1

2

Baby Pacsai that night.

3

Q. How did he appear to you?

4

Without being able to make any comparison to his

5

prior condition, how on that occasion did he appear

6

to you?

7

A. He seemed to be arching a little

8

bit. He seemed to be jittery. His eyes were kind of

9

rolling.

10

Q. Yes?

11

A. And Sue was having trouble

feeding him.

12

Q. She said that she was concerned

13

about him?

14

A. Her comment to me at that time

was that this baby worries me.

15

Q. Did it appear to you from your

16

observation of him there was cause for concern?

17

A. I had asked her why the baby

18

worried her.

19

Q. Yes.

20

A. To see if I could get an

21

impression what the baby was before that and she had

22

explained to me that the baby was - he was eager to

23

feed before but now he wasn't. He was very fussy

24

and he just wouldn't take the bottle at all.

25



FF.3

1

2

Q. He was fussy?

3

A. Um-hum.

4

Q. Do you have the chart available

5

to you, Mrs. Trayner?

6

A. No, I don't.

7

Q. Could it be made available,

please? The Pacsai chart, Mr. Registrar.

8

Now at page 65 of that chart, Mrs.

9

Trayner, you will see Nurse Nelles' note for the long

10

night shift March 11. She describes her observations

11

of the child in the first part of the shift, 1900 to

12

0345, and then the second part of the notes begins

13

at 0345.

14

A. Yes.

15

Q. "Nutrition at approximately

16

0400 attempted to feed babe and his

17

behaviour was entirely different

18

from the other two times. He was

19

lethargic and limp in my arms."

20

Forgive me, those aren't adjectives

that I associate with fussiness.

21

Did the baby appear to be lethargic

22

and limp or did he appear to be fussy and moving

and irritable?

23

A. I may have been mistaken. I

24

25



FF.4

1

2

thought - she was having trouble feeding the baby.

3

Now this is probably more what the baby was.

4

Q Does this assist your
recollection as to what you observed?

5

6

A Right.

7

8

Q In fact he was not fussy and
as I say fussy to me connotes irritability and sort
of movement. He was rather lethargic and limp, was he?
Does this now help you to recall?

10

11

A Um-hum. I also remember him
crying, though, as well.

12

13

Q Yes. You said that the monitor,
the cardiac monitor, to which he was attached was I
think your words were all over the place?

14

15

A The little lights on the cardiac
monitor were reading high and low.

16

17

Q Yes.

A So that the --

18

19

Q Was that the apical rate that
is high and low?

20

21

A Yes. At one time it would read
160 and the next time it was reading 60.

22

Q All right. Indeed that is
recorded in Nurse Nelles' note, is it not?

23

24

25

A Right.



FF.5

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Q Listened to the apex. Found to
be very irregular:

"Monitor was showing bouts of tachy-
cardia (160's) alternating with
periods of bradycardia (low 60's).
When the heart rate was low strip
showed occasional 2 to 1 block."
Were strips being taken from the
monitor?

A. I don't recall that strips were
taken. We have a readout.

Q All right.

A. A little screen and Sus probably
could have seen from that.

Q Did you interpret the readout
of the screen showing a heart block there in the
periods when the child was bradycardic?

A. No, I didn't.

Q Did you disagree with that
interpretation?

A. No, I didn't know enough to
disagree.

Q All right.

A. I didn't see enough of the strip.

Q All right. Was your observation



FF.6

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enough, the lethargy, the limpness of this child, the bouts of tachycardia, interspersed with bouts of bradycardia, a readout or a strip that Miss Nelles at least interpreted as a 2 to 1 block - were those observations sufficient to persuade you that indeed there was cause for concern no matter what the child had looked like earlier?

A. Hm-mm.

Q. So what did you do?

A. I can't remember what happened. Sue had said "Get a doctor in here".

Q. Yes.

A. I don't know at what point in time. It was before 4 o'clock and Yvonne Lyons was in the room and she had thought it to be an emergency and had pushed the emergency buzzer, and someone from my side wheeled in our crash cart and Dr. Kantak came into the room.

Q. Yes. Was he still on the floor from the Manojlovich arrest?

A. Yes, he was.

Q. Was there anyone else? Was there any other physician with him do you recall?

A. Dr. Ning.

Q. Dr. Ning was there at that time, was he?



FF.7

1

2

A. I believe so, yes.

3

Q. Do you recall Dr. Costigan
being there at that time?

4

5

A. No, he wasn't.

6

7

Q. All right, did Dr. Ning,
Dr. Kantak, examine the child?

8

9

A. Dr. Kantak I thought initially
examined the baby.

10

11

Q. All right.

12

13

A. And then we asked for Dr. Ning
to take a look at the baby.

14

15

Q. And he did?

16

17

A. He did.

(2)

18

19

Q. Did they share the concern that
you and Miss Nelles had about the child or did they
appear to?

20

21

A. They didn't appear to, no.

22

23

Q. Did they leave the room?

24

25

A. Dr. Kantak had left and Dr. Ning
had gone home.

Q. Notwithstanding the apparent
lack of concern about the child's condition - I don't
mean that in any callous way; they didn't share your
concern - notwithstanding that, did you continue to
be concerned about this baby's condition?



FF.8

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A. I was concerned because Susan was concerned, and I trusted her judgment and the baby didn't look well.

Q. And the baby didn't look well? Did the arrhythmias that you had observed continue?

A. Yes, they did.

Q. And the limpness and the lethargy continued?

A. Yes.

Q. But other than feeling that the baby did not look well was any further concern on your part essentially a reflection of Miss Nelles' concern rather than independent concern of yours?

A. I was concerned that the baby was ill.

Q. Yes.

A. Sue knew the baby more than I did so she was very concerned. I was concerned that this baby looked ill now but she was more concerned because there was such a change in the baby.

Q. Did you stay in the room with her?

A. For most of the time I did. I was in and out checking my own patients and checking my own floor.



FF.9

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3

4

Q All right. At some stage did you stay with the baby while she went out for a short break?

5

A I don't recall doing that, no.

6

Q And how did the situation with Baby Pacsai develop?

7

8

A We had calls - I can't remember if I called or Susan Reaper called for Lynn Johnstone, the supervisor, to come up. She came up and she came in to look at the baby. We eventually called Dr. Costigan from ICU to come and have a look at the baby.

10

11

12

13

Q Did Dr. Kantak come back at any stage?

14

15

A To the best of my knowledge I think he left. He left the floor.

16

17

18

Q Your recollection is of Dr. Kantak being there on the one occasion and that was the same time when Ning was called?

19

A Yes.

20

21

Q And of Ning being there on one occasion and then of Costigan being there on one occasion but at a later time?

22

A Yes.

23

24

Q All right. When Lynn Johnstone was there?

25



FF.10

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A. Yes. Dr. Kantak may have come in twice, but I remember him being there the one time.

Q All right. Now we have Dr. Costigan on the scene?

A. Yes.

Q What does he do?

A. He took some bloodwork from the baby and had arranged for the baby to be transferred to the intensive care unit. Had also ordered a portable chest X-ray to be done immediately.

Q Would you turn to page 66 in the chart with me, please, Mrs. Trayner?

On page 66 there is Dr. Costigan's note prior to the transfer of the child to the ICU - no, that is in the ICU. 67 is his note prior.

He records his observations there. Were you - I am directing your attention to the question at the bottom of the page - were you aware that the blood that was drawn for electrolytes returned high potassium readings?

A. No, I was not.

Q You were not aware of that? Were you aware of any concern by Dr. Costigan about the child's serum potassium?

A. No.



FF.11

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Q If you will go back to page 66 -
go with me to page 63, I am sorry. Page 63.
Dr. Costigan's note when he was asked to go and see
Kevin Pacsai:

"Asked to see Kevin because of
anxiety re episodes of bradycardia
down to 50-60 alternating with rates of
150."

That was the pattern that you described a little
earlier?

A. Right.

Q And I take it continued right
through perhaps on an intermittent basis until Costigan
was called?

A. Right.

Q Now, Dr. Costigan notes four
lines down that particular note in the chart:

"Rhythm strip - varying, slight
prolonged PR, some bradycardia query
sinus or nodal tachycardia. Inter-
mittent 2 to 1 block."

And then he has his differential diagnoses, does he
not, "sick sinus ? dig. toxic".

Were you aware that those were the
diagnoses that Dr. Costigan was considering upon



FF.12

1

2

observing this child and seeing what the ECG was
recording?

3

4

A. No, I wasn't.

5

Q. You were not aware of that?

6

A. No.

7

Q. Do you recall any reference to

8

that in the room?

9

A. No.

10

Q. While you and Miss Nelles and

11

he were there?

12

A. No, I don't.

13

Q. Dr. Costigan we know made

14

arrangements to have the child transferred to the ICU.

15

A. Right.

16

Q. And the child went to the ICU

17

in the company, as I understand it, of three people.

18

You and Miss Nelles and Dr. Costigan?

19

A. Right.

20

Q. Why did you go to the ICU with

21

this child?

22

A. I went for support for Susan

23

Nelles.

24

Q. Did you go at her request?

25

A. I can't remember if she specifically

said "Are you coming?" or not.



FF.13

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Q. In any event you assisted and you took the child to the ICU?

A. Um-hum.

Q. Did you leave the ICU once you had taken the child there or did you stay for a while?

A. I stayed and waited for Sue to come up.

Q. All right.

A. We just transferred the baby down. We didn't have to give much of a report because Dr. Costigan was there.

Q. Did Dr. Costigan write the note which is found on page 66 of the chart in the ICU in your presence?

A. No.

Q. You don't recall his doing that?

A. No.

Q. You will see that on that note too, towards the bottom of the page, his impression:

"Brady arrhythmia secondary to (i) dig. toxicity, (ii) SA node disease."

Do you recall any discussion of that or any reference to that by Dr. Costigan in the ICU?

A. No, I don't.

Q. Did you hear Dr. Costigan



FF.14

1

2

speaking to any physician in the ICU about Pacsai

3

when he was transferred there?

4

A. No.

5

Q. All right. Do I take it then

6

that you had no reason and your lack of any - of

7

hearing any reference to digoxin toxicity, you had no

8

reason to believe that there was even a suspicion of

9

digoxin toxicity involved in Pacsai's condition at

10

that time?

A. Right.

11

Q. I take it you had administered

12

no medication to Pacsai in the course of that shift?

13

A. That is right.

14

Q. You then returned to Ward 4A?

15

A. Yes, I did.

16

Q. To go about your duties on

Ward 4A?

17

A. Right.

18

19

20

21

22

23

24

25



/BM/LN

1

1

2

Q. And got through to the end

3

of the shift?

4

A. Right.

5

Q. When did you learn that

6

Kevin Pacsai had died?

7

A. The evening that I returned

to work.

8

Q. Was that the very next

9

evening?

10

A. Yes.

11

Q. I guess I had better look

at the WIN sheets for that night.

12

You came back on duty the night

13

of March 12th. You and Miss Nelles and Mrs.

Scott and Mrs. Christie all worked the night of

March 12th. You were all back in the hospital that

14

night?

15

A. Right.

16

Q. And shortly after your

17

arrival on duty was it then that you learned about

18

the death of Kevin Pacsai that morning in the ICU?

19

A. Yes.

20

Q. And I take it Miss Nelles

would learn of it at the same time?

21

A. She was the one that told me,

22

23

24

25



2
1
2 so, she heard this before me.

3 Q. What did her reaction to the
4 news of his death appear to be?

5 A. She was upset that the baby
6 had died.

7 Q. Yes.

8 A. Angry that Dr. Kantak hadn't
9 really listened to her and that Dr. Ning had gone
10 home and angry that it took so long to get the
baby down to the intensive care unit.

11 Q. She was upset at the death
12 and angry at all those things you have just listed.
13 Did she express any puzzlement about the death that
the child's condition had changed apparently quite
suddenly?

14 A. No.

15 Q. Did she ever say to you,
16 when I got back from that arrest that wasn't the
17 same baby that I had left earlier in the shift,
18 what happened, anything of that sort?

19 A. No, I don't recall her saying
20 that that night. I know she said it that morning
21 when I had gone into the room that the child
22 worried her.

23 Q. Yes.
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A. That he wasn't feeding the same way, I don't recall her saying it that evening.

Q. Well, if she was having those feelings and they weren't coming through to you when you came on duty on the evening of the 12th you were more taken or impressed I take it by the anger she was exhibiting about the things you mentioned and the general upsetness of the death of the child.

A. Yes.

Q. Did you subsequently learn that Kevin Pacsai at the time of his death had an elevated serum digoxin concentration?

A. Yes.

Q. When did you learn that?

A. I can't remember if it was that night that Dr. Schaffer was on the floor.

Q. That night being the 12th of March?

A. Yes, or shortly after that.

Q. All right. Do you know from whom you learned it?

A. Dr. Schaffer was on the floor and we had asked him what had happened to Pacsai and he was explaining the events, that baby Pacsai's



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father was extremely upset and very angry.

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Q. Yes.

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A. And he explained that they had taken a blood sample for the electrolytes and everything and the dig. level and it was elevated.

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Q. All right. Did you understand that to be a sample that was taken prior to the child being pronounced dead? There wouldn't be much point in taking a blood sample of electrolytes after death, would there?

11

12

A. No. So, he said that there were two samples taken.

13

Q. Yes.

14

15

A. And I thought it was one during the arrest or just before the arrest and then one during the arrest.

16

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18

Q. Well, in any event, that was your understanding and you heard that from Dr. Schaffer?

19

A. Right.

20

21

Q. Did he also tell you what the results of the dixogin assays were in those samples?

22

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A. He just told me that they were elevated.



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2 Q. I have to say to you, Mrs.
3 Trayner, in light of other evidence I don't think
4 that happened on the night of the 12th of March,
5 but nevertheless your recollection is that it was
6 shortly after the night of the death?

7 A. Right.

8 Q. All right. When you learned
9 that there was an elevated serum digoxin level in
10 baby Pacsai at the time of this death, what was
11 your reaction to that news?

12 A. I don't know what it was;
13 surprise. I didn't know what the level was, I didn't
14 know what the elevation was, was it 2.5 or 3 or, you
15 know, over 5 or anything, is was just elevated and I
16 knew that the parents were very upset.

17 Q. Did you get the impression
18 when you first heard of an elevated digoxin level
19 from Dr. Schaffer that that elevated digoxin level
20 was involved in or was the cause of the child's
21 death? Did you get that impression?

22 A. I had the impression that it
23 contributed to this child's death.

24 Q. All right. Now, you
25 subsequently learned what the level was, did you not?

A. Yes.



Q. When was that?

A. I learned it on Friday night.

Q The 20th?

A. The 21st.

Q. The 21st?

A. Right.

MR. COMMISSIONER: It would be
the 20th the Friday.

MR. LAMEK: Yes, Friday was the
20th.

A. The 20th.

Q. That would be more than a
week after the child had died?

A. That's right.

Q. All right. What did you
learn on the Friday night?

A. I learned from Susan Nelles
that the digoxin level that they had taken on
Pacsai was, thought to be 25.

Q. Yes.

A. That there was going to be
a coroner's inquest and that Liz had phoned Susan
in Belleville to tell her this.

Q. And is it your recollection
that at that time Miss Nelles knew and told you



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2 what the recorded level of digoxin in the blood of
3 baby Pacsai was?

4 A. Yes.

5 Q. At that stage did you
6 understand that digoxin was thought to have caused
7 the death of the child?.

8 A. I don't know if I ever
9 thought it caused it. I was still under the
10 impression that this contributed to the baby's death.

11 Q. If in fact the serum digoxin
12 concentration was 25 nanograms per millimetre, that
13 I take it was a far higher digoxin level than you
14 had ever heard of prior to that time?

15 A. That's correct.

16 Q. Indeed, you were accustomed
17 I take it to seeing reports back from the biochemistry
18 department recording 1.5, 1.7, if you got above 2 you
19 thought that was high?

20 A. Right.

21 Q. And now suddenly there was
22 a level reported of 25?

23 A. That's correct.

24 Q. Did it occur to you to wonder
25 how that level could be achieved in a child?

A. You see, my impression that



1
2 night was that they thought it to be 25. They
3 weren't sure, that it could have been 2.5 but just
4 miss, you know, placing the decimal. The two
5 doctors that we had on the floor that night thought
6 it was a mistake, that there was no way the level
7 would be 25, it had to be a mistake.

8 Q. All right. Do you recall
9 who they were?

10 A. Dr. Nelles and Dr. Runge.

11 MR. COMMISSIONER: I'm sorry, who
12 were the doctors?

13 MR. LAMEK: Nelles.

14 MR. COMMISSIONER: Nelles and who?

15 THE WITNESS: Runge. R-u-n-g-e-.

16 MR. LAMEK: And I take it in
17 light of the digoxin levels that you had been
18 accustomed to seeing on the floor you too found
19 25 to be a pretty incredible number?

20 A. That's right.

21 Q. On the other hand, did you
22 have any understanding as to whether a level of
23 2.5 would be regarded as sufficiently high to have
24 perhaps contributed to the death of the child?

25 A. Well, I thought anything over
2 2 could be considered.



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2 Q. Okay. If indeed the number
3 were 25 and not 2.5 did it occur to you to wonder
4 how that level could have been achieved in that
5 child?

6 A. I don't think I ever wondered,
7 I just thought there is no way it could have been
8 25, they had to have made a mistake.

9 Q. Did you subsequently
10 discover that there was not indeed a mistake and
11 the number was 25?

12 A. Yes.

13 Q. When did you discover that?

14 A. When Susan Nelles was
15 arrested.

16 Q. Not before then?

17 A. No.

18 Q. Well then, when you
19 recognized that 25 was indeed a true bill did it
20 occur to you then to wonder how that level could
21 be achieved in baby Pacsai?

22 A. I wondered, yes.

23 Q. Did it occur to you that in
24 some way other than by administration of the drug,
25 I don't characterize the administration at all, did
it occur to you that there had been some way other



10 1
2 than by administration of the drug that level
3 could be achieved?

4 A. I don't understand.

5 Q. Did you think that somebody
6 had to have given him digoxin either by mistake or
7 knowingly in order to achieve that level.

8 A. I didn't know what I
9 thought. I thought maybe it was an accidental
dose.

10 Q. I am not talking about
11 accident or anything else, did you believe that
12 the only way that that 25 level could be achieved
13 was if the child had received digoxin?

14 A. Yes.

15 Q. And digoxin I take it in a
16 dose larger than those that you are accustomed to
17 giving on the ward?

18 A. Right.

19 Q. And no other explanation
20 occurred to you when you finally learned what the
level was?

21 A. No.

22 Q. All right. Well, we have
23 jumped forward in time a little, let's go back if
24 we may. In the week following baby Pacsai's death
25



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2 that is, until you learned from Miss Nelles on the
3 20th of March that there was to be an inquest and
4 you heard a level of 25 or 2.5, you couldn't be
5 sure which, was there any discussions on the floor
6 among the nurses about the death of baby Pacsai?

7 A. There was just that
8 discussion on the Friday night about the coroner's
9 inquest.

10 Q. All right. In the week that
11 elapsed from the death until that night, was there
12 any discussion on the floor about baby Pacsai's
13 death?

14 A. No, I can't recall.

15 Q. All right. And I mean, of
16 course, other than the coversation you had with
17 Dr. Schaffer about the high level which you think
18 occurred earlier?

19 A. No, I don't recall.

20 Q. Did Nurse Nelles continue
21 to talk about Pacsai's death and about her anger
22 at the way in which she considered the doctors to
23 have behaved?

24 A. I remember her going to
25 speak to Liz Radojewski about it.

Q. Did you accompany her?



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A. I can remember talking to
Liz but I don't know if Susan was with me at the
time or not.

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Q. When did she do that, do you
remember?

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A. It was either the morning
that baby Pacsai had been taken down to the intensive
care unit or it would have to be the next time that
Sue was back on duty.

10

11

12

Q. We know that she was back on
duty that night with you. So, perhaps the end of
the following shift?

13

A. Yes.

14

Q. Either the morning of the
12th or the morning of the 13th you think?

A. Right.

15

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17

18

Q. And she went to express to
Nurse Radojewski her feelings about the behaviour
of the physicians on the night before?

19

A. Right.

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Q. All right. Can you tell me
anything else you can now recall about the death
of baby Pacsai or the events immediately following
it?

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A. I can remember just that he



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was a transfer from another hospital.

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Q. Hamilton, was he not?

4

A. Yes.

5

Q. Yes.

6

A. I can remember that Mike Schaffer thought he queried dig. toxicity from McMaster Hospital.

8

Q. Yes.

9

A. And that's about it.

10

Q. Okay. You have now given us your best recollection of the exposure that you had to that child on the night that he died?

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13

A. Yes.

14

Q. All right. And I suspect that we can deal with one more infant even in the very few minutes that we have left tonight, Mrs. Trayner. The next child to die was baby Inwood. The very next day, the very next shift that you worked, 0300 March 13th, and again in room 431 on 4B. Do you have any recollection of baby Inwood?

19

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A. The only recollection I have is that there is a mistake made of digoxin on this baby that night.

21

22

Q. Was it that night?

23

A. Pacsai.

24

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Q. All right.

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A. Pacsai morning, the morning

4

of the 12th.

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Q. On the morning of the 12th,

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yes.

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H/DM/ak

Q. Yes.

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A. And I remember the arrest

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being called and I can remember Mary Jean, Mary

5

Jean Halpenny being upset at the end of the arrest,

6

and Michelle Heilbut, Dr. Heilbut talking to Mary Jean

7

Halpenny after it.

8

THE COMMISSIONER: The arrest, you
are talking about the arrest of Kristin Inwood?

9

THE WITNESS: Kristin Inwood.

10

MR. LAMEK: Q. Do you remember

11

Mary Jean Halpenny being - what did you say?

12

A. She was upset at the end of

13

the arrest.

14

Q. You are quite right, there

15

had been a medication error involving the Inwood

16

baby the morning I believe of the 12th, and we know

17

about that. Mary Jean Halpenny was upset after the
arrest and spoke to Dr. Heilbut about it?

18

A. Yes.

19

Q. Other than that, is there

20

anything you recall about Baby Inwood; the events
of the shift upon which she died?

21

A. No.

22

Q. Or the events leading to her

23

arrest?

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A. No.

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Q. That takes us, Mrs. Trayner,
to the last three of the children who died in the
epidemic period, Charlon Gardner on March the 18th,
Allana Miller on March the 21st, and Justin Cook on
March the 22nd.

I think, Mr. Commissioner, there is no
way that I can get very far even into Charlon Gardner
even before the end of the day and perhaps we can
leave it there until Monday.

THE COMMISSIONER: Yes. All right.
Then we will rise until 10 o'clock Monday and counsel
after a decent interval will meet upstairs and it is
Room No. 3 on the 21st floor.

--- Whereupon the hearing adjourned at 4:25 p.m.
until Monday, April 16th, 1984 at 10:00 a.m.

